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ABSTRACT

These 26 appendixes to the final report of the Vocational Technology for Cerebral Palsied Individuals Project contain various project-developed forms, assessment instruments, manuals, and bibliographies. Included are project informational literature, news articles, and the project presentation format. Sample intake forms, client referrals, and brief descriptions of project clients are provided. Also reproduced are a sample assessment schedule, assessment tools, a sensory-motor assessment, and a functional change scale. Following sample reports, a workshop supervision manual and a residential attendant manual are provided. Presented next are an employer evaluation, a client's placement record, a job task analysis, a list of conferences attended by project staff, project training manuals and outlines, and a videotape brochure. Among other items appended to the report are listings of facilities in Michigan, occupations for homebound clientele, agency contacts, and student objectives. A placement bibliography, project evaluation information, and regional training information also appear in the appendixes. (The final project report is available separately--see note.) (MN)

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ED209531

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS PROJECT

END-OF-PROJECT REPORT

1978 - 1981

VOLUME II - APPENDICES

ISMRRD

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INSTITUTE FOR THE STUDY OF
MENTAL RETARDATION AND RELATED DISABILITIES
THE UNIVERSITY OF MICHIGAN • ANN ARBOR, MICHIGAN

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APPENDIX 2-1

PROJECT INFORMATIONAL LITERATURE

stamp

VOCATIONAL TECHNOLOGY
for CEREBRAL PALSIED INDIVIDUALS
I.S.M.R.R.D., The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

ISMRRD

VTCPI

is funded by
Rehabilitation Services
Administration Grant 78-1527-B1

grant objectives

- develop a cooperative relationship with State Bureau of Rehabilitation, state/local affiliates of the United Cerebral Palsy Association and other community agencies
- demonstrate a model of prescriptive, not predictive, services essential to assessment and vocational adjustment of adolescents and adults with cerebral palsy
- develop a needs assessment of the job development, post-employment, and other community services necessary to enhance the functioning of the adolescent or adult in the community

project staff

Dr. Richard Darnell, Project Director
Sher Pazner Baker, Project Associate

Lucille Chin, Rehabilitation Counselor
Penny Snyder, Employment Counselor

Contact project personnel by phoning
(313) 763-4483 or writing:
Vocational Technology for
Cerebral Palsied Individuals
ISMRRD, University of Michigan
130 S. First St.
Ann Arbor, MI 48104

Vocational Technology FOR Cerebral Palsied Individuals

project philosophy

The idea that severely handicapped persons can work has been documented by many researchers within the last decade. However, people with CP have generally not benefited from advances made in the employment of handicapped individuals. The VTCPI staff believes that recently developed behavioral engineering technology can be utilized to assess and train adolescents and adults with CP toward a more normalized existence in the areas of work skills and community independence.

evaluation

An interdisciplinary, two week vocational assessment focuses on developing a prescriptive habilitation plan. While vocational rehabilitation is central to the assessment model, the project utilizes input from the following disciplines:

- audiology
- dentistry
- habilitation engineering
- nutrition
- occupational therapy
- physical medicine
- physical therapy
- psychiatry
- psychology
- social work
- special education
- speech pathology

Residential facilities, with attendant care, are available to clients who reside outside the Ann Arbor area. Medical Services are provided as needed.

work adjustment

A ten week work adjustment program focuses on skill training, production increases, stability, and the acquisition of work-related behaviors. In addition to working in a simulated work environment, the clients are involved in individual therapies (e.g. OT, PT, speech, audiology) as needed, independent living skills training, and individual and group counseling.

Residential facilities are also available during the work adjustment period. Emphasis during non-working hours is placed on social and personal independence. Individualized habilitation plans are implemented to ensure the client's success and personal growth.

placement assistance

Job procurement and placement is cooperatively sought with the client and his/her referral source.

Client participation in all phases is generally funded by the project in cooperation with sponsoring agencies, e.g. Bureau of Rehabilitation, local school districts, CETA, Crippled Children's Services.

tear here

VTCPI information request

I am interested in:

___further information
___referring myself for assessment
___referring a client for assessment
___other—specify:

___referring myself for assessment and work adjustment
___referring a client for assessment and work adjustment
___visiting the project

NAME ______________ PHONE ______________

AGENCY ______________

ADDRESS ______________

CITY ______________ STATE ______________ ZIP ______________

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

PROJECT PROFILE

VOCATIONAL TECHNOLOGY FOR ADULTS WITH CEREBRAL PALSY

FUNDED BY: REHABILITATION SERVICES ADMINISTRATION, 79-1793-J1

PURPOSE: The Vocational Technology Project is designed to 1) provide [illegible] model of vocational training for cerebral palsied individuals, regardless of impairment degree or the presence of secondary disabilities, 2) demonstrate a model of cooperation between Michigan Bureau of Rehabilitation, United Cerebral Palsy Association, and the Project, and 3) document the service needs of cerebral palsied individuals.

BASIC APPROACH: Utilizing a multi-disciplinary approach (e.g., vocational counseling, PT, OT, Speech, Physical Medicine and Rehabilitation, and special education), the Vocational Technology Project intends to increase the functioning level of a population previously underserved in vocational programming. The Project provides each client with a 2-week interdisciplinary assessment and a 10-week work adjustment training experience focusing on the acquisition of vocational and independent living skills.

PROCEDURE:

1) Referral

Referral from any individual or agency to the Project rehabilitation counselor.

2) Records

Referral source will be sent an intake packet requiring information (including previous records) to be returned to ISMRRD.

3) Authorization

Contact for support and funding authorization will be made, by the client or referral source, to M.B.R., UCPA or other funding source. (However, it is Institute policy that no client is denied services due to an inability to pay).

4) Admission

Institute Clinical Services Admissions Committee (client is accepted for a 2-week assessment). The committee will also recommend the addition of other disciplines if such will be beneficial in understanding the client's present level of functioning.

Telephone 313/763-3171

5) Service

a) Assessment

The first 2 weeks are an interdisciplinary assessment with emphasis on vocational rehabilitation. A Case Summary is compiled delineating the goals and objectives for the client's work adjustment program. The findings and recommendations of the assessment staff are communicated to the client, the family (where appropriate), and the client's referral source.

b) Work Adjustment Training and Placement

Following a client's assessment, a 10-week work adjustment phase is often recommended. The program format is such that we work with 4 clients every 10 weeks on Monday-Thursdays, from 9 to 3. This program emphasizes an individualized prescriptive approach in work skill training, production and work adjustment, and behavior rehabilitation. In addition to working in a simulated work environment, 6 hours per day, the clients may be involved in individual therapies, Speech, OT, PT, Audiology (on an as-needed basis), independent living skill training, and individual and group personal and vocational counseling.

When the trainees' job-related behavior approximates 100% compliance, when his/her on-task behavior approximates 100%, and when productivity has stabilized over a 6-week period at a maximum of 50% of a non-handicapped worker, the client is trained for either sheltered employment or competitive employment in the community.

Placement is a cooperative effort with the Bureau of Rehabilitation for the Tri-State Area. The Project will assist in identifying a job and training supervisors or co-workers to utilize necessary training strategies. Services include on-site modifications, rehabilitation engineering and on-the-job follow-up assistance. A 3 month follow-up is initiated using 3 check list evaluation forms which are completed by the employer or workshop and forwarded to the Bureau of Rehabilitation counselor.

c) Residential Facilities

The residential program includes training and opportunity for social and personal independence during non-working hours. Individual behavioral plans are implemented to ensure successful learning and self-concept development of the client. While the clients are in the program, residential facilities with 24-hour attendant and medical emergency back-up are available, Monday-Thursday.

CONTACT:

The Institute for the Study of Mental Retardation and Related Disabilities
Vocational Technology for Adults with Cerebral Palsy
130 South First Street
Ann Arbor, Michigan 48104
Phone: (313) 763-4483

Project Director: Dr. Richard E. Darnell
Project Associate: Sher Pazner Baker
Rehabilitation Counselor: Lucille Chin
Placement Coordinator: Penny Snyder

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS

September 3, 1980

Dear Supervisor:

We would like to reacquaint you with our project. We contacted you about six months ago to explain the vocational training program that is available for cerebral palsied individuals at the Institute for the Study of Mental Retardation and Related Disabilities. We have enclosed a number of brochures for your information and would like to underline the sliding scale for client service. It is the policy of the Institute that no one is denied service because of inability to pay. Costs are frequently subsidized by third party carriers or special contracts and fee reductions are made in cases of need.

This is a three year demonstration project sponsored by the Rehabilitation Services Administration to develop assessment, work adjustment, and placement assistance models of improved vocational rehabilitation services for severely handicapped adults.

The program involves one-to-one training in various vocational areas. We accept a maximum of four clients during any one training period (approximately a 12 week period). Because many cerebral palsied individuals experience a multitude of problems, the goals that are developed and implemented by the Vocational Technology Project include vocational as well as quality of life programming.

We are available to discuss the program in person or by phone. If you require any more brochures or a fee schedule, please feel free to contact us at (313) 763-4483.

Sincerely yours,

Lucille Chin

Lucille Chin
Rehabilitation Counselor
Intake Coordinator

Sher Pazner Baker
Project Manager

LC:wpc

Telephone 313/763-3171

VOCATIONAL TECHNOLOGY PROJECT FOR ADULTS WITH CEREBRAL PALSY

ADMISSION CRITERIA

The client:

- has a diagnosis of cerebral palsy with moderate to severe physical impairment.
- is between ages 16 and 64.
- expresses a commitment to participation in vocational and/or independent living programming.
- has the history of the ability to gain from therapeutic experience.
- has the physical and emotional endurance to benefit from an entire workday program.
- has the physical ability to actively participate in his/her own care with the assistance of a single attendant.
- has no history of severe psychopathology, especially acting out behaviors.
- has support for initial transportation to the evaluation/training site.

Referrals are accepted from any individual or agency.

Admission is not contingent on the ability to pay, but preference will be granted to those clients who are partially or fully funded.

Active participation by social agency(s) in placement and follow-up services to the client is an expectation.

Preference will be given to those clients who will participate in all three phases of the program - assessment, work adjustment training and placement.

Continued Project involvement is contingent upon post-assessment indicators showing client potential for benefitting from work adjustment training and vocational placement.

Vocational Technology for Cerebral Palsied Individuals Project
Institute for the Study of Mental Retardation and Related Disabilities
130 South First Street
Ann Arbor, Michigan 48104
(313) 763-4483

APPENDIX 2-2

NEWS ARTICLES

ORS REGION V • CENTER for CONTINUING EDUCATION

continuing education news

VOLUME 7, NUMBER 2

NOVEMBER 1980

VOCATIONAL TECHNOLOGY FOR ADULTS WITH CEREBRAL PALSY

The idea that severely handicapped persons can work has been documented by many researchers within the last decade. However, people with CP have generally not benefited from advances made in the employment of handicapped individuals. The Institute for the Study of Mental Retardation and Related Disabilities at the University of Michigan had felt that recently developed behavioral engineering technology can be utilized to assess and train adolescents and adults with CP toward a more normalized existence in the areas of work skills and community independence. To meet that goal, the VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS project has been developed and funded by a Rehabilitation Services Administration grant.

The Vocational Technology Project is designed to: 1) provide a model of vocational training for cerebral palsied individuals, regardless of impairment degree or the presence of secondary disabilities; 2) demonstrate a model of cooperation between Michigan Bureau of Rehabilitation, United Cerebral Palsy Association, and the Project; and 3) document the service needs of cerebral palsied individuals. The services to the CP individual includes a two-week vocational assessment which focuses upon developing a prescriptive rehabilitation plan; a ten-week work adjustment program focusing on skill training, production increases, stability, and the acquisition of work-related behaviors; job procurement and placement in cooperation with the client and his/her referral source; and a residential program for social and personal independence opportunities during non-work hours.

For complete information about this project, contact Sher Pazner Baker, VTCPI, ISMRRD, University of Michigan, 130 S. First St., Ann Arbor, MI 48104, 313-763-4483.

Employment training offered to disabled

Bill, 25, has cerebral palsy. The condition has permanently damaged his speech, hearing, mental ability and muscle control.

But it hasn't impaired his spirit. After a special 10-week training program at the University of Michigan, Bill is holding down his first job as a part-time custodian. He hasn't missed a day of work. Not only is he one of the firm's most reliable employees, he's one of the happiest.

New clients are now being sought for Vocational Technology for Adults with Cerebral Palsy, a federally funded rehabilitation project at the U-M Institute for the Study of Mental Retardation and Related Disabilities.

To be eligible, the client must be aged 16 to 64, have a moderate to severe physical impairment, express a commitment to participate in a vocational and/or independent living program, and show the potential of gaining from such an experience.

The program consists of a two-week vocational assessment, a 10-week work adjustment program and job placement service, according to Judith E. Drews, project director. The federal Rehabilitation Services Administration is funding the three-year demonstration project.

"In the past 10 years, it has been repeatedly demonstrated that handicapped individuals can work. However, people with cerebral palsy are often excluded from vocational training programs because of the severity of their handicap," says John M. Gray, a staff member of the U-M project.

Cerebral palsy is a group of disabling conditions — not a disease — occurring before, during or soon after birth and resulting in brain damage, Gray says. Mild or severe, it often results in multiple disabilities, including seizures, mental retardation, loss of muscle control, and impaired vision, hearing and speech.

Cerebral palsy is not progressive, he notes, but it has no known cure. Affecting some 750,000 persons in the United States, one-third of whom are adults and teenagers, it is the most widespread lifetime disability in the nation.

"We believe recent developments in behavioral and vocational training can help people with cerebral palsy toward a more normal existence both in the areas of work and community independence," Gray says.

"We accept a maximum of four clients at a time. With three vocational counselors and two workshop supervisors, we have a better than one to one training situation in some areas.

"We focus on success. The 10-week work adjustment program emphasizes skill training in a simulated work environment. Besides learning to increase productivity and acquire appropriate work-related behaviors, the clients are involved in other forms of rehabilitation such as speech or hearing therapy, personal and vocational counseling and skill training for independent living," Gray says. When the client is prepared for work, the project staff assists in finding a job and continues their support during a three-month follow-up period.

So far 16 persons have participated in the training program during the past 18 months, but not all have found jobs yet. Gray, as job placement counselor, is seeking jobs that can be handled by cerebral palsied adults who are confined to wheelchairs.

For complete information on admissions criteria and further details on the assessment and training program, contact the Vocational Technology for Adults with Cerebral Palsy project, U-M ISMRRD, 130 S. First St., Ann Arbor, Michigan, 48104. Telephone 763-4483.

Referrals from Michigan and surrounding states may be made by any individual or agency.

ANN ARBOR NEWS

MARCH 1980

LETTERS TO THE EDITOR

JUST LIKE EVERYONE ELSE

This being the International Year of the Disabled Person it is a good time to write this letter.

I work for the ___ County Library System and I work with several handicapped people. One in particular has become a close friend and co-worker.

When ___, came to work for us we all looked at him in his wheelchair and with his handicap and thought: "What can he do?" It did not take ___ long to show us. Every job we have given ___, he has done with the same strong determination I am sure Michelangelo had because he puts his soul into it.

I have seen ___ sit and stamp cards all day long and never complain, and be so proud when he is finished. This is as it should be with all of us. A person needs to be proud and know he is needed and relied upon. You may not feel that what ___ does is important, but to a person who has to fight just to prove that he is a responsible, intelligent human being, it is a great accomplishment.

What ___ has done better than all his jobs is to let us know that he has a place and a purpose on this earth just like everyone else. He was put here by the same God that put you and I here, but ___ has to fight for every inch he gets. I am sure that he could sit inside and avoid the stares and have people wait on him, but that just isn't his style.

So why not look around your offices and see all the jobs you have that ___ or one of his friends could be doing. You say you don't have anything suitable? How do you know unless you give people a chance?

___ is on a subsidized program so all you have to provide is a little help, understanding, and patience. ___ staples, stamps, cleans and does any other job we can find for him. He loves his work.

How many people in your office will sit and stamp all day long and never complain? A job you feel is not important might be one step up their ladder of self-esteem. So please look around and see the people who need a helping hand, and reach out. They have so much to offer.

Training can be provided with no charge to the employer, by ___ Inc. Money is also available to subsidize a disabled person's wages while that individual is learning the job.

___ has become a friend and true friends are rare gems indeed these days. Give him a chance that you were given the day you were born healthy and whole. Just the chance to be like everybody else and have a place to belong.

D.J.

MONROE EVENING NEWS

MARCH 1981

APPENDIX 2-3

PROJECT PRESENTATION FORMAT

CEREBRAL PALSY PROJECT PRESENTATION

EXTENDED OUTLINE

INTRODUCTION

I. Federal project - 3 years beginning August 1978.

A. Funded by Rehabilitation Services Administration.

B. Grant objectives focus on the development of model of vocational training and support services to adults with cerebral palsy.

II. Housed at ISMRRD, University of Michigan implies that any project includes:

A. Interdisciplinary services to developmentally disabled people--11 disciplines.

B. Interdisciplinary training at preservice and inservice levels-students participate at many levels in the training program.

III. Project philosophy.

A. Success orientation.

1. We use a high ratio of success to effort because we want the client to have a positive experience with, what for many of our clients, is their first exposure to the world of work.

2. Because of physical dependence many of the clients have the attitude of learned helplessness which extends far beyond their need for physical assistance to communication, self-help, social, and problem-solving dependence.

3. Use technology to adapt the environment or the psychological variables to prove to client she/he can be successful.

B. Technology.

1. Behavior technology.

a. Grew out of previous work by Dr. Kevin Lynch and Dr. Marc Gold with severely retarded adults known as "Try Another Way".

b. Task analysis.

        c. Positive reinforcement for appropriate behavior and ignoring inappropriate behavior.

    2. Adaptive technology.

        a. O.T.'s and P.T.'s suggest adaptation to environment such as built-up spoons and forks, a head stick for typing, or lowering the table for better control of upper extremities.

        b. Modifications are tried both in the residential and the workshop setting.

    3. Engineering technology.

        a. Computer-assisted instruction.

        b. Programmable video task trainer.

        c. Rehabilitation engineering.

IV. The service delivery model is artificially divided into three phases.

A. Phases

    1. Assessment.

    2. Training.

    3. Placement.

B. Many clients participate in all three phases, but it is possible to participate in only one portion.

C. Residential programming cuts across both assessment and training phase for individuals outside of the Ann Arbor area.

V. Phase one - assessment.

A. Vocational evaluation.

    1. Definition.

    2. Purpose.

    3. Goals of project.

    4. Population served.

B. Program services.

- C. Referral procedures.
    - 1. Admission criteria.
    - 2. Agency cooperation and sponsorship.
- D. Intake process.
    - 1. Intake interview.
    - 2. Clinical Services Admission Committee.
        - a. Acceptance of client.
- E. Assessment procedures.
    - 1. Pre-appraisal meeting.
        - a. Background data.
        - b. Client's stated vocational goals.
        - c. Referral agency goals.
    - 2. Factors pertaining to vocational performance.
    - 3. Techniques and tools used for assessment.
    - 4. Client program.
        - a. Orientation.
        - b. Evaluation schedule.
    - 5. Staffing.
    - 6. I.H.P.
    - 7. Informing.

VI. Phase Two-work adjustment.

- A. Onset of work adjustment training.
    - 1. When recommended.
    - 2. Training/treatment vs. assessment.
    - 3. Work adjustment environment.
- B. Specialized methods.
    - 1. Task analysis.
    - 2. Supervisory techniques.

    3. Types of vocational training.
    4. Workshop supervision manual.
- C. Specialized equipment.
    1. Programmable video task training.
    2. Computer assisted instruction.
    3. Adaptive equipment.
- D. Ancillary programming.
    1. Group and individual counseling.
    2. Other disciplines.
- E. Different phases of work adjustment.
    1. Focusing on specific vocational goals.
    2. Joint meetings (referral agencies, client).
- F. Residential program.
    1. Clients who participate.
    2. Attendant training.
    3. Recreational programming.

VII. Phase Three-placement.

- A. General discussion of involvement in evaluation stage and during work adjustment training in identifying work areas/potential jobs.
    1. Evaluation.
        a. Strategy of using on-the-job evaluations: Philosophy, frequency of usage, and client evaluation.
    2. Training
        a. One on one supervised on-the-job training and discussion of helping hand philosophy.
        b. Practical development of on-the-job adjustment training including client wages and employer expense allowances.
- B. Job placement.
    1. Discussion of placement difficulties in both workshop and competitive employment.

    2. Cooperation with Bureau of Rehabilitation, of other referring source.
    3. Development of employment assessment with client and alternative placement for clients.
    4. Development of employer desensitization regarding hiring severely developmentally disabled; and client marketing.
    5. Problems including residential support, transportation and Bureau of Rehabilitation budgets.

C. Follow-up development and established practice.

D. Successful case study: A video tape of Bill Y - A competive placement.

APPENDIX 2-4

INTAKE SAMPLE FORMS

VOCATIONAL SERVICES COMPONENT

INTAKE FORM

I. Identifying Information (PLEASE PRINT)

Name: ______________________________ S.S.# ______________

Address: ____________________________ Phone: ______________

City: ______________ County: ______________ Zip: ______________

Marital Status: (Single) ____ (Married) ____ (Divorced) ____ (Widowed) ____ (Separated) ____

Birthdate: ____________ Sex: ____ Referral Date: ______________

Disability: ____

Referral Source-Name: ______________________ Agency: ______________

Address: ______________________ Phone: ______________

II. Reason for Referral

Check all that apply: evaluation ____ training ____ placement ____
recommendation for programming ____ school/program maladjustment ________
other: ____

III. Presenting Problems

______ 1. Lack of work skills
______ 2. Marginal or no work history
______ 3. Lack of transportation
______ 4. Marginal academic skills
______ 5. Personal hygiene
______ 6. Lack of social skills
______ 7. Physical mobility
______ 8. Medical or other treatment
______ 9. Financially limited
______ 10. Unemployed
______ 11. Under-employed
______ 12. Job in jeopardy
______ 13. Personal/emotional maladjustment
______ 14. Home maladjustment
______ 15. School/program maladjustment
______ 16. Community/social maladjustment

Use this space to elaborate on the reason for referral and the presenting problem:

Person to notify in case of emergency: ______________________________

Relationship: ____________________________ Phone: ________________

Address: ____

IV. Legal/Guardianship

Has a legal guardian been appointed for the client? _____ Yes _____ No

If Yes:

Name of person or agency; ____

Address: _______________________________ Phone: ________________

Name and location of court appointing guardian: _______________________

_______________________________ Probate Court Order No. ___________

Type of guardianship: ___ financial ___ plenary ___ partial;

Explain: ____

V. Residential

A. Present institutional/residential placement:

- ______ independent
- ______ parent's/guardian's home
- ______ relative's home
- ______ foster home
- ______ boarding home
- ______ group home
- ______ halfway house
- ______ public institution for MR
- ______ private institution for MR
- ______ other (please specify: _______________________________
_______________________________).

B. Name of people responsible for residence: _______________________

Address: ____

Phone: ____________________ Relationship to Client: ______________

C. Length in current placement: ________________________________

D. Describe the client's adjustment to this living situation (relationship to other residents, cooperativeness, etc.):

E. If client has had previous residential placements, please complete the following (begin with most recent placement):

NAME OF FACILITY	TYPE OF RESIDENCE	ADDRESS	DATE OF PLACEMENT

VI. Family Members

	NAME	B.D.	ADDRESS	PHONE	LIVING WITH CLIENT	OCCUPATION
Father:						
Mother:						
Sibling:						
Sibling:						
Sibling:						
Sibling:						
Other:						

VII. Financial Resources

A. Monthly Amount

_______________ Family support
_______________ Self-support
_______________ SSI-Aged
_______________ SSI-Blind
_______________ AFDC
_______________ Gen. Assistance Only
_______________ AFDC & SSI
_______________ SSDI
_______________ None
_______________ Unknown

B. Complete the following information where applicable:

NO. UNDER WHICH BENEFITS RECEIVED

Social Security No. ______________________________

SSI No. ______________________________

Medicare No. ______________________________

Medicaid No. ______________________________

VIII. Educational History

A. Complete the following (begin with the most recent placement)?

NAME OF FACILITY	TYPE OF PROGRAM	ADDRESS	DATES OF PLACEMENT

B. Describe this person's current program (type of class, number of students, time per day in the placement, etc.):

C. Describe this person's behavior and progress in the program:

D. Type of degree received:
______ Certificate
______ High school diploma
______ GED
______ None
______ Other (please specify: ______________ ______________________).

IX. Vocational History

A. Has client had prior Vocational Training? ____yes ____no

B. If Yes, complete the following (begin with most recent training):

V.T. SITE	ADDRESS	V.T. AREA	V.T. DATE

C. Was training completed satisfactorily? ___yes ___no

If No, please explain:

D. Has client interviewed for a job? ___yes ___no

E. Has client been placed in competitive employment? ___yes ___no

F. If yes, list how many jobs were held over the past five years: ________

G. List last three jobs (last job first):

Employer: ________________________ Dates: ______________

Address: ________________________ Wages: ______________

Job Duties: ______________________________________

Reason for Leaving: __________________________________

Employer: ________________________ Dates: ______________

Address: ________________________ Wages: ______________

Job Duties: ______________________________________

Reason for Leaving: __________________________________

Employer: ______________________ Dates: ______________

Address: ______________________ Wages: ______________

Job Duties: ______________________________________

Reason for Leaving: ______________________________

X. Medical

A. List current medical problem(s): ______________________

____

Cause of problem(s): ______________________________

B. Is patient restricted in any activities? ___yes ___no

If yes, list restrictions: __________________________

C. Is patient CURRENTLY being treated for any medical or emotional condition (e.g., heart disease, depression, epilepsy, diabetes, etc.)? ___yes ___no
If yes, explain:

Describe method of treatment (include medication, dosages, etc.; use other side if necessary):

D. Does patient use any of the following appliances?

_____ wheelchair
_____ braces
_____ splints

_____ special shoes
_____ crutches
_____ dental braces

_____ hearing aid
_____ glasses
_____ other:

E. Is there ___ daytime or ___ nightime wetting?
Is there ___ daytime or ___ nighttime soiling?

F. Present weight: __________ Present height: __________

G. Does patient have a vision problem? ___yes ___ no

H. Does patient have a hearing problem? ___yes ___no

I. Last vision exam: ______(date); last hearing exam: ____(date).

J. Is there regular dental care? ___yes ___no

Date of last dental exam: ____________

K. Date of last physical exam: ___________

L. Appetite? ___good ___poor

Is client on a special diet? ___yes ___no

If yes, please describe:

M. Has client ever been hospitalized? ___yes ___no

If yes, specify reason(s):

Hospital: ______________________________ Date: ______________ (approx)

Address: ____

Hospital: ______________________________ Date: ______________ (approx)

Address: ____

N. Family doctor

Name: ____

Address: ____

Date last seen: ____

Other doctors seen in last five (5) years

Name: ____

Address: ____

Name: ____

Address: ____

XI. General Information

KEY: I-independent; A-needs assistance; P-need for programming

	-I-	-A-	-P-	DESCRIBE
A. Is person ambulatory				
B. Does person feed self				
C. Does person wash self				
D. Goes to lavatory alone				

[KEY: I-independent; A-needs assistance; P-need for programming]

	-I-	-A-	-P-	DESCRIBE
E. Can handle money				
F. Can use public transportation				
G. Can do own shopping				
H. Communicates most needs				
I. Is quiet at night				
J. Practices dental hygiene				
K. Leaves & returns as expected				
L. Can read				
M. This person smokes				
N. Gets along well with children				
O. Will participates in activities				
P. Is on time for scheduled activities				
Q. This person follows instructions				
R. Able to estimate own abilities				
S. Congenial with other persons				
T. This person has speech problem				

U. Comments on unusual behavior or other pertinent information:

V. How does this person communicate (e.g., gestures, words, phrases):

W. In helping us to understand this person's needs, please indicate those areas in which you and/or the person has the most success and satisfaction:

X. And those areas where you and/or the person have experienced the most difficulty:

XII. Transportation

What means of transportation does client have?

____relative ____friend ____bus ____other:

Which modes of transportation can client use independently?

____car(drive) ____bus ____train ____airplane ____taxi

____dial-a-ride

XIII. Leisure Time

List the client's leisure time activities and indicate approximately how much time the client spends in these activities per week.

ACTIVITY	TIME SPENT

The following information is optional and desired for the purpose of data gathering only. It will in no way determine acceptance for this client:

Race ______________________________ Religion ______________________________

Grade completed or educational level of: Mother __________ Father ________

PERSON/AGENCY SERVICE PROVIDED	STREET ADDRESS, CITY STATE, ZIP, PHONE	DATE OF SERVICE	REGISTRATION NUMBER	SENT	REC'D
1.					
2.					
3.					
4.					
5.					

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

GENERAL MEDICAL INFORMATION FORM (to be completed by physician)

Name of patient ______________________________ Age __________

Address of patient ____
(street) (city) (state) (zip)

Is this your patient? ___ yes ___ no

History of Disabling Condition(s) ____________________________
____
____

Height (without shoes) ____ feet ____ inches; Weight (w/o clothing) ____ lbs.
Pulse ______ Blood Pressure ______ Evidence of Arterial or Venous Disease ___

General Inspection ____

Eyes ____

Near Vision (Jaeger Test) R ___ L ___ Far Vision (Snellen Chart) R ___ L ___
Corrected: R ___ L ___ Corrected: R ___ L ___

For the following items, indicate normal findings by (x); indicate deviations from normal by (s).

Ears: R ___ L ___ Far Vision (Snellen Chart) R ___ L ___

Nose, Throat, and Neck ____
Mouth and Teeth ______________________________ Dentures __________
(Effect on General Health and Disability)
Heart ____
(Enlargement, Murmurs, Rhythm, Dyspnea, Cyanosis
Lungs ____
Abdomen ____
(Liver, Kidneys, Spleen, Masses, Tenderness, Spasm)
Genito-Urinary ____
(KUB Tract, Prostate, Pelvic or Gynecological)
Rectum ____
(Hemorrhoids, Fissures, Stenosis, Tumors)
Musculoskeletal/Extremities ___________________________________
Neurological ____
(Motor, Sensory, Speech, Gait, Reflexes, Paralysis, Coordination
____

Mental or Emotional Abnormality (Describe) ______________________________

____

Diagnosis (indicate major and minor) ______________________________

____

Characteristics of Major Disability: (Check appropriate terms)

Permanent ____ Temporary ____ Stable ____ Slowly Progressive ____

Rapidly Progressive ____ Improving ____

Can the major disability be removed by treatment? ____ yes ____ no

Physical Capacities: Under "Physical Activities" and "Working Conditions" use symbols as follows: = No Limitation; x = Limitation; 0 = To Be Avoided

Physical Activities: Walking___ Standing___ Stooping___ Kneeling___

Lifting___ Climbing___ Reaching___ Pushing___ Pulling___

Other (Specify) ______________________________

Working Conditions: Outside___ Inside___ Humid___ Dry___ Dusty___

Sudden Temperature Change___ Other (Specify) ______________________________

Functional Limitations (Describe) ______________________________

____

Does he require close medical supervision? ______________________________

Do you feel this patient is physically capable of taking part in our program?

____

Do you feel such a program would be of value to this patient? (If not please explain) ______________________________

____

Employability Status: Is this patient now physically able to enter employment or training?

Full Time (6 or more hours)? ___ Part Time? ___ Limitations? __________

Special Concerns

Medications (including dosage schedule):

____

Diet recommendations:

____

Drug Allergies:

____

Recommendations: Is examination by specialist advisable for completeness of diagnosis or prognosis? No ___ Yes ___

If "yes," Type:

____

Other Recommendations ______________________________

____

Remarks: Please use additional sheet for remarks and expansion of any of the above items.

______________________________ ______________________________

(Date) (Physician)

____

(Address)

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

GENERAL MEDICAL INFORMATION FORM (To be completed by client)

Name ______________________________ Age ________

Address ______________________________
(street) (city, state & zip)

Date of birth ____________________
(day, month & year)

What type of Cerebral Palsy do you have?

Do you have any other medical problems?

Do you have seizures?

Do you take medication? Yes ___ No ___

If yes, what are they?

Are you on a special diet? Yes ___ No ___

If yes, what type?

Do you have any allergies?

Can you dress yourself? Yes ___ No ___
Can you feed yourself? Yes ___ No ___ Partially ___
Do you have special eating problems?

Do you walk ___, use crutches or canes ___, use a walker ___,
use wheelchair ___ Manual ___ Electric ___

Can you go to the bathroom without help from another person? Yes ___ No ___
Is there any other information that you feel would be helpful to us?

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

CLINICAL SERVICES CONSENT FORM

NAME ______________________ DATES OF PARTICIPATION ______________

In consideration of my participation in the clinical program of the Institute for the Study of Mental Retardation and Related Disabilities, The University of Michigan, I hereby authorize ISMRRD to:

_____ Yes _____ No Record electronically or photographically my likeness and/or performance.

This waiver of my statutory and common law rights to privacy and confidentiality shall be limited to records used for educational or research purposes. It is understood that my name will not be used in any such written publication or use.

Exceptions to the above authorization: ______________________

____

I have been informed that I am free to choose not to agree to the above without jeopardizing my rights to receive services from ISMRRD. This consent is subject to revocation at any time.

SIGNED ______________________

RELATIONSHIP TO PATIENT ______________

WITNESS ______________________

DATE ______________________

ISMRRD FORM: 2.1.1
DATE 11/81

Telephone 313/763-3171

APPENDIX 2-5

CLIENT REFERRALS

				REFERRALS		
	AGE	SEX	RESIDENCE	DISABILITY/TYPE	REFERRAL SOURCE	PREVIOUS VOCATIONAL EVALUATION OR TRAINING
1.	35	M	Group home	C.P. Quadriplegic	Alternative Intermediate Services	
2.	16	F	With family	C.P. Ambulatory	Community Mental Health	
3.	21	M	Own apartment	C.P. Ambulatory	Community Mental Health	Comprehensive Employment Training Act
4.	25	M	Nursing home	C.P. Quadriplegic	Father	Day Activity Center
5.	31	M	With parents	C.P. Quadriplegic Ambulatory	Macomb-Oakland Regional Center	Day Activity Center
6.	35	M	Nursing home	C.P. Quadriplegic	Michigan Rehabilitation Services	Rehabilitation Institute Chicago
7.	19	M	With family	C.P. Paraplegic Ambulatory	Michigan Rehabilitation Services	Work Activity Center
8.	24	M	State home & training school	C.P. Quadriplegic	School	School
9.	20	M	Nursing home	C.P. Quadriplegic	School	School
10.	31	F	Nursing home	C.P. Quadriplegic	Friend	
11.	18	M	With parents	C.P. Quadriplegic Ambulatory	School	Pine Rest
12.	23	F	With parents	C.P. Quadriplegic	Father	
13.	34	M	With family	C.P. Ambulatory	Michigan Rehabilitation Services	Pine Rest
14.	19	M	With parents	C.P. Quadriplegic Ambulatory	Workshop	Pine Rest
15.	45	F	With family	C.P. Quadriplegic Ambulatory	Ypsilanti Community Services	
16.	17	M	With family	C.P. Quadriplegic	Detroit Orthopedic Clinic	
17.	20	F	With foster parents	C.P. Quadriplegic	Foster mother/ school	School
18.	18	M	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	
19.	21	F	With family	C.P. Quadriplegic Ambulatory	Mother	Jewish Vocational Services

REFERRALS

	AGE	SEX	RESIDENCE	DISABILITY/TYPE	REFERRAL SOURCE	PREVIOUS VOCATIONAL EVALUATION OR TRAINING
20.	16	M	With family	C.P. Quadriplegic Ambulatory	School	School
21.	30	M	Foster home	C.P. Ambulatory	Lapeer Community Mental Health	Growth/Opportunity Work Activities Center
22.	19	M	Foster home	C.P. Quadriplegic	Community Mental Health	Workshop
23.	21	M	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	Workshop
24.	24	M	With family	C.P. Quadriplegic	Father	New Horizons Jewish Vocational Services
25.	20's	F	Group home	C.P. Quadriplegic Spastic	Macomb Association of Retarded Citizens	Workshop
26.	33	M	Group home	C.P. Quadriplegic	Life Consultation Center	
27.	21	F	With family	C.P. Quadriplegic	School	
28.	48	M	Foster home	C.P. Quadriplegic	Michigan Rehabilitation Services	Bachelor of Art
29.	18	F	With family	C.P. Quadriplegic	Occupational Therapy-School	
30.	31	M	With family	C.P. Quadriplegic	Workshop	Workshop
31.	35	F	With mother	C.P. Ambulatory	Sister	
32.	34	F	With family	C.P. Ambulatory	Life Consultation Center	Day Activity Center
33.	29	M	With family	C.P. Quadriplegic	Life Consultation Center	Day Activity Center
34.	33	M	With family	C.P. Quadriplegic	Washtenaw Association of Retarded Citizens	Work Activity Center
35.	41	M	Convalescent home	C.P. Quadriplegic	Nursing Home staff	Bachelor of Art
36.	20's	M	With family	C.P. Ambulatory Spastic	Life Consultation Center	Work Activity Center

REFERRALS

	AGE	SEX	RESIDENCE	DISABILITY/TYPE	REFERRAL SOURCE	PREVIOUS VOCATIONAL EVALUATION OR TRAINING
37.	27	M	With family	C.P. Ambulatory	Mother	School
38.	50	F	Group home	C.P. Quadriplegic	Community Mental Health	
39.	26	M	With family	C.P. Quadriplegic	United Cerebral Palsy	
40.	27	M	With family	C.P. Quadriplegic	Center for Independent Living	
41.	20	F	With family	C.P. Quadriplegic	United Cerebral Palsy	
42.	20	F	State hospital	C.P. Ambulatory	Family Care Program	
43.	24	M	With family	C.P. Quadriplegic	High School	
44.	26	F	With family	C.P. Ambulatory	Life Consultation Center	
45.	18	M	With family	C.P. Quadriplegic Ambulatory	School	Pine Rest
46.	23	M	With family	C.P. Quadriplegic Ambulatory	Family	Workshop
47.	26	F	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	Peckham
48.	19	F	With family	C.P. Quadriplegic Ambulatory	School	School
49.	46	F	With family	C.P. Quadriplegic	Life Consultation Center	Workshop
50.	40	F	Nursing home	C.P. Quadriplegic	Social Worker	Workshop
51.	36	M	Group home	C.P. Quadriplegic	Life Consultation Center	Workshop
52.	33	F	With family	C.P. Quadriplegic Ambulatory	Michigan Rehabilitation Services	Workshop
53.	27	M	With family	C.P. Athetoid	M.D.	Workshop
54.	30	F	Convalescent	C.P. Quadriplegic	Social Worker	Day Activity Center
55.	21	M	With family	C.P. Ambulatory	Michigan Rehabilitation Center	Jewish Vocational Center

REFERRALS

	AGE	SEX	RESIDENCE	DISABILITY/TYPE	REFERRAL SOURCE	PREVIOUS VOCATIONAL EVALUATION OR TRAINING
56.	38	F	Group home	C.P. Ambulatory	Washtenaw Association of Retarded Citizens	Day Activity Center
57.	30	M	With brother	C.P. Ambulatory	Mother	Jewish Vocational Services
58.	24	F	Group home	C.P. Quadriplegic	Michigan Rehabilitation Services	Special Education
59.	25	F	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	
60.	24	M	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	
61.	25	F	Nursing home	C.P. Quadriplegic	Social Worker	
62.	27	M	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	Toledo Society for Handicapped·Volunteer Employment
63.	21	M	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	
64.	26	M	With family	C.P. Quadriplegic	High Point	
65.	16	M	With family	C.P. Quadriplegic	Michigan Protection & Advocacy Services	School
66.	18	M	With family	C.P. Ambulatory	Intermediate School District	School
67.	16	M	Group Home	C.P. Spastic Athetoid	Social Worker	School
68.	34	M	Care Center	C.P. Spastic Quadriplegic	Oakdale	
69.	23	M	Care Center	C.P. Spastic Quadriplegic	Oakdale	
70.	29	M	Care Center	C.P. Spastic Quadriplegic	Oakdale	
71.	22	M	With family	C.P. Ambulatory	Michigan Rehabilitation Services	High School
7[illegible]	28	M	With family	C.P. Spastic Quadriplegic	Sister	Workshop

REFERRALS

AGE	SEX	RESIDENCE	DISABILITY/TYPE	REFERRAL SOURCE	PREVIOUS VOCATIONAL EVALUATION OR TRAINING
73. 24	F	With father	C.P. Ambulatory	Michigan Rehabilitation Services	Competitive Employment
74. 33	F	With family	C.P. Quadriplegic	Michigan Rehabilitation Services	Volunteer work
75. 22	M	Adult	C.P. Quadriplegic	Work Activity Center	Day Activity Center
76. 29	M	Group Home	C.P. Ambulatory	Community Mental Health	Day Activity Center
77. 18	M	With family	C.P. Ambulatory	Intermediate School District	School
78. 33	M	Group Home	C.P. Quadriplegic	Michigan Rehabilitation Services	Group Home
79. 23	F	With mother	C.P. Quadriplegic	Washtenaw Association for Retarded Citizens	Washtenaw Association for Retarded Citizens Workshop
80. 16	F	With family	C.P. Ambulatory	Intermediate School District	School
81. 19	F	With family	C.P. Ambulatory	Michigan Rehabilitation Services	Project Advance
82. 20	F	Foster home	C.P. Quadriplegic	Community Health Center	Day Activity Center

APPENDIX 2-6

CLIENTS IN ASSESSMENT

CLIENTS PARTICIPATING IN ASSESSMENT

	CLIENT						
	SEX	AGE	RESIDENCE	DISABILITY/TYPE	ASSOCIATED DYSFUNCTIONS	ASSESSMENT SERVICES	PROGRAM
1.	M	25	Nursing home-AA	C.P. Quadriplegic	Speech Impairment	Nutrition Physical Therapy Occupational Therapy Psychology Speech & Language Special Education Vocational Rehabilitation Physical Medicine & Rehabilitation	V
2.	M	31	With family-AA	C.P. Ambulatory	Speech Impairment	Audiology Occupational Therapy Physical Therapy Psychology Speech & Language Special Education Social Work Vocational Rehabilitation Physical Medicine & Rehabilitation	V
3.	M	35	With family-AA	C.P. Ambulatory	Hearing Impairment Functional Impairment Speech Impairment	Audiology Nutrition Occupational Therapy Physical Therapy Psychology Speech & Language Vocational Rehabilitation Special Education Physical Medicine & Rehabilitation	V
4.	M	21	Nursing home-AA	C.P. Quadriplegic	Speech Impairment Functional Impairment	Dentistry Occupational Therapy Physical Therapy Speech & Language Special Education Social Work Psychiatry Vocational Rehabilitation	PV

CLIENTS PARTICIPATING IN ASSESSMENT

	CLIENT SEX	AGE	RESIDENCE	DISABILITY/TYPE	ASSOCIATED DYSFUNCTIONS	ASSESSMENT SERVICES	PROGRAM
5.	F	30	Nursing home-AA	C.P. Quadriplegic	Emotional Impairment Visual Impairment Functional Impairment	Psychology Speech Occupational Therapy Physical Therapy Vocational Rehabilitation	V
6.	F	26	With family-0	C.P. Quadriplegic	Visual Impairment Functional Impairment	Occupational Therapy Physical Therapy Vocational Rehabilitation	V
7.	M	25	With family-0	C.P. Quadriplegic	Hearing Impairment Speech Impairment Functional Impairment	Occupational Therapy Physical Therapy Vocational Rehabilitation	PV
8.	M	48	Foster home-0	C.P. Quadriplegic	Speech Impairment Visual Impairment	Speech Dentistry Occupational Therapy Physical Therapy Vocational Rehabilitation	V
9.	M	21	With family-AA	C.P. Quadriplegic	Speech Impairment	Physical Therapy Occupational Therapy Speech Vocational Rehabilitation	V
10.	M	19	With family-0	C.P. Ambulatory	Emotional Impairment Functional Impairment	Psychology Occupational Therapy Physical Therapy Vocational Rehabilitation	V
11.	M	22	With family-0	C.P. Ambulatory	Perceptual Impairment Visual Impairment	Physical Therapy Occupational Therapy Special Education Psychology Vocational Rehabilitation	V

CLIENTS PARTICIPATING IN ASSESSMENT

	CLIENT SEX	AGE	RESIDENCE	DISABILITY/TYPE	ASSOCIATED DYSFUNCTIONS	ASSESSMENT SERVICES	PROGRAM
12.	M	18	With family-0	C.P. Ambulatory	Emotional Impairment Speech Impairment Perceptual Impairment	Physical Therapy Occupational Therapy Psychology Special Education Social Work Vocational Rehabilitation	PV
13.	M	28	With family-0	C.P. Quadriplegic		Social Work Audiology Occupational Therapy Psychology Vocational Rehabilitation	V
14.	M	26	Nursing home-AA	C.P. Quadriplegic	Speech Impairment Functional Impairment	Speech Audiology Occupational Therapy Physical Therapy Psychology Vocational Rehabilitation	PV
15.	M	18	With family-AA	C.P. Quadriplegic Ambulatory		Audiology Social Work Nutrition Physical Medicine & Rehabilitation Psychology Special Education Vocational Rehabilitation	V
16.	F	20	With family-0	C.P. Quadriplegic	Emotional Impairment	Physical Therapy Physical Medicine & Rehabilitation Psychology Social Work Vocational Rehabilitation	PV

CLIENTS PARTICIPATING IN ASSESSMENT

	CLIENT						
	SEX	AGE	RESIDENCE	DISABILITY/TYPE	ASSOCIATED DYSFUNCTIONS	ASSESSMENT SERVICES	PROGRAM
17.	M	28	With family-0	C.P. Quadriplegic	Emotional Impairment Speech Impairment Functional Impairment	Dentistry Physical Medicine & Rehabilitation Physical Therapy Speech & Language Vocational Rehabilitation	PV
18.	F	40	Nursing home-0	C.P. Quadriplegic	Emotional Impairment Speech Impairment Functional Impairment	Audiology Psychology Physical Therapy Speech & Language Psychiatry Vocational Rehabilitation	V
19.	M	36	Group home-0	C.P. Quadriplegic	Speech Impairment Mental Impairment	Occupational Therapy Physical Therapy Special Education Vocational Rehabilitation	V
20.	M	27	With family-0	C.P. Athetoid	Emotional Impairment Visual Impairment Functional Impairment	Occupational Therapy Psychiatry Speech & Language Vocational Rehabilitation	PV
21.	F	34	With family-0	C.P. Ambulatory	Speech Impairment Hearing Impairment Functional Impairment	Audiology Occupational Therapy Physical Therapy Psychology Speech Vocational Rehabilitation	V
22.	F	46	With family-0	C.P. Quadriplegic	Speech Impairment Functional Impairment	Speech Occupational Therapy Physical Therapy Psychology Vocational Rehabilitation	PV

CLIENTS PARTICIPATING IN ASSESSMENT

	CLIENT						
	SEX	AGE	RESIDENCE	DISABILITY/TYPE	ASSOCIATED DYSFUNCTIONS	ASSESSMENT SERVICES	PROGRAM
23.	M	34	With family-0	C.P. Quadriplegic	Speech Impairment Functional Impairment	Occupational Therapy Physical Therapy Speech Vocational Rehabilitation	V
24.	F	22	With family-AA	C.P. Ambulatory	Visual Impairment	Occupational Therapy Physical Therapy Vocational Rehabilitation	V
25.	F	16	With family-0	C.P. Ambulatory	Speech Impairment Perceptual Impairment Hearing Impairment	Occupational Therapy Physical Therapy Speech Vocational Rehabilitation	PV
26.	M	21	With family-0	C.P. Quadriplegic	Perceptual Impairment	Occupational Therapy Physical Therapy Speech Special Education Vocational Rehabilitation	PV
27.	M	19	Foster home-0	C.P. Quadriplegic	Mental Impairment Emotional Impairment Speech Impairment	Occupational Therapy Physical Therapy Speech Psychology Special Education Vocational Rehabilitation	PV

KEY
AA = Ann Arbor
0 = Outside Ann Arbor Area
V = Vocational
PV = Pre-vocational

APPENDIX 2-7

SAMPLE ASSESSMENT SCHEDULE

67

CLINICAL SERVICES
SCHEDULE OF APPOINTMENTS

ASSESSMENT WEEK I

Institute for the Study of Mental Retardation and Related Disabilities
The University of Michigan
130 S. First Street
Ann Arbor, Michigan 48104
(313)763-4151

Client-Patient ______________ ISMRRD# __________
Case Coordinator ______________ Birthdate ________
Liaison ______________ Agency ______________

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 - Orientation interview	9:00 - Sensory motor	9:00 - Community Living Skills	9:00 - Speech & Language	
10:00 - Vocational Interest Inventory			10:30 - Work Sample	
		11:00 Vocational Counseling		
11:30 Lunch	11:30 Lunch	11:30 Lunch	11:30 Lunch	
12:30 - Interest Inventory	12:30 - Work Sample	12:30 - Work Sample	12:30 - Task Training	
2:30 - Sensory Motor				

NOTES:

3:00 p.m. exit program

FOR OFFICE USE ONLY

CONSENT GIVEN:	VTR	RV	PHOTO
CP	___	___	___
MOTHER	___	___	___
FATHER	___	___	___

CLINICAL SERVICES
SCHEDULE OF APPOINTMENTS

ASSESSMENT WEEK II

Institute for the Study of Mental Retardation and Related Disabilities
The University of Michigan
130 S. First Street
Ann Arbor, Michigan 48104
(313) 763-4151

Client-Patient ______________ ISMRRD# ____________
Case Coordinator ____________ Birthdate __________
Liaison ______________ Agency ______________

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 - Basic Academics	9:00 - Team Evaluation Occupational Therapy Physical Therapy	9:00 - Psychology	9:00 - Independent Production	
11:00 - Vocational Counseling		11:00 - Vocational Counseling		
11:30 Lunch	11:30 Lunch	11:30 Lunch	11:30 Lunch	
12:30 - Task Training	12:30 - Task Training	12:30 Independent Production	12:30 Independent Production	
	2:00 - Independent Production	Environmental & Behavioral Assessment	2:00 Exit interview	

NOTES:

3:00 p.m. exit program

FOR OFFICE USE ONLY

CONSENT GIVEN:	VTR	RV	PHOTO
CP	____	____	____
MOTHER	____	____	____
FATHER	____	____	____

APPENDIX 2-8

ASSESSMENT TOOLS

ASSESSMENT

FACTORS ASSESSED	ASSESSMENT METHODS
VOCATIONAL MOTIVATION, ATTITUDE, INTEREST, SOPHISTICATION	Interview Workshop Observation-Training and Production Data Work Samples Vocational Interest and Sophistication Assessment AAMD-Becker Reading Free Vocational Interest Inventory Geist Picture Inventory Wide Range Interest Opinion Test Job Awareness Inventory Self Directed Search Strong Campbell Interest Inventory
VERBAL-COGNITIVE Intellectual Functioning Receptive and Expressive Language	Psychology Evaluation Speech Evaluation Workshop Observation Wide Range Achievement Test Peabody Picture Vocabulary Tests Woodcock Reading Mastery Tests Key Math Diagnostic Arithmetic Tests
SENSORY-MOTOR FUNCTIONING Auditory Ability Color Perception Tactual-Kinesthetic Ability Fine and Gross Motor Ability	Audiology Evaluation Occupational Therapy Evaluation Physical Therapy Evaluation Workshop Observation-Training and Production Data Work Samples Bender Visual Discrimination Test Dvorine Color Plates Haptic Visual Discrimination Test McCarron Assessment of Neuromuscular Development
SOCIAL-EMOTIONAL BEHAVIOR Social Interactions Work Habits	Psychology Evaluation Social Work Evaluation Interview Observations-Training and Production Data
COMMUNITY LIVING SKILLS Adaptive Behavior Functional Academic Skills	Adaptive Behavior Scale Remedial Inventory Functional Change Scale Street Survial Skills Situational Assessments

APPENDIX 2-9

SENSORI-MOTOR ASSESSMENT

Name:
Date:

SENSORIMOTOR HISTORY

QUESTIONS	NO	YES	COMMENTS
TACTILE SENSATION			
Does the individual:			
1) Object to being touched?			
2) Lack the normal awareness of being touched?			
3) Dislike being cuddled?			
4) Prefer to touch than be touched?			
5) React negatively to the feel of new clothes?			
6) Dislike having hair and/or face washed?			
7) Prefer certain textures of clothing?			
8) Avoid certain textures of clothing or food?			

		NO	YES	COMMENTS
9)	Have irregular sleep patterns?			
10)	Like puzzles, manipulative toys?			
11)	Clumsy in playing with toys?			
12)	Have difficulty with manipulative hand skills? (e.g, cut use of spoon, etc.)			
13)	Have greater than average difficulty learning to put on clothes over his head, out of his visual range?			
14)	Have prolonged confusion over putting the right shoe on the right foot?			
15)	Have particular difficulty with executing sequential movements in dressing tasks, such as buttoning, connecting jacket zippers, tying shoes?			
AUDITORY SENSATION				
	Does the individual:			
1)	Have (had) any ear trouble?			

Specify.

	NO	YES	COMMENTS
2) Become distracted by sounds, which might go unnoticed by others?			
3) Often fail to listen, or pay attention to what is said to him?			
4) Often fail to follow through, to act upon requests to do something, to understand instructions?			
5) Function if two or three steps of instruction are given to him at once?			
6) Talk excessively?			
7) Become overly verbal when others are talking?			
8) Find this talking to interfere with his ability to listen?			
9) Have delayed speech?			
OLFACTORY SENSATION Does the individual:			
1) Seem highly sensitive to scents and odors?			

	NO	YES	COMMENTS
2) Ignore noxious odors?			
VISUAL SENSATION Does the individual?			
1) Have a diagnosed visual defect?			
Specify.			
2) Have difficulty eye-tracking?			
3) Make reversals when copying?			
4) Have difficulty discriminating colors or shapes?			
5) Appear sensitive to light?			
6) Resist having vision occluded?			
VESTIBULAR SENSATION Does the individual: 1) Dislike being tossed in the air?			
[illegible] Seem fearful in space (eg. going up & downstairs, riding teeter-totter)?			
3) Appear clumsy, often bumping into things and/or falling down?			

	NO	YES	COMMENTS
4) Prefer fast-moving, spinning carnival rides?			
5) Avoid balance activities?			
GROSS MOTOR SKILLS			
Does the individual:			
1) Have slow, plodding, deliberate movements?			
2) Seem to be hyperactive (e.g. in perpetual motion)?			
3) Seem to misunderstand the meaning of words used in relation to movement?			
4) Get car sick?			
Did the individual:			
5) As an infant, play, and nap on a flat surface, in contrast to being secured in a semi-reclined, seated position?			
6) Creep and crawl? Was this phase brief or prolonged?			78
7) Sit, stand or walk early (late)?			

Name: CP#:

Evaluation Date:

ASSESSMENT FORM

Comments:

I. Social

A. Behavior ______

B. Attention span ______

C. Cooperation ______

D. Ability to follow directions ______

1) verbal ______

2) demonstration ______

II. Posture and Tone

A. Symmetry ______

B. Face and neck ______

C. Back ______

D. Chest ______

E. Extremities ______

F. Degree of tone ______

G. Stretch reflexes, clonus, ______

involuntary movements ______

III. Range of Motion

Name:

COMMENTS

A. Functional limitations

B. Measurement of contractures

IV. Reflexology

A. Spinal level

B. Brainstem level

C. Midbrain level

D. Automatic movement - reactions

E. Cortical level

V. *Strength

A. Head and neck

B. Trunk

C. Upper extremities

D. Lower extremities

*Ability to contract individual joints and extremities, as well as ability to hold total or partial flexion pattern supine and total or partial extension pattern prone.

VI. Gross Motor

A. Rolling

B. Crawling

C. Sitting

D. Creeping

Name:

COMMENTS

E. Kneeling

F. Walking

G. Advanced locomotor skills (2 yrs. +)

Stair Climbing

Ball Skills

H. Transfers (chair to floor, toilet, bed).

VII. Hand Use-Fine Motor

A. Grasp-type

1) 3 jaw chuck

2) tip to tip

3) lateral

B. Pinch

C. Hand preference

D. Reach, grasp, transfer, release function

E. Manipulation

VIII. Respiratory function

A. Inspiration - time, breathing muscles, tone

B. Expiration - time, breathing muscles, tone

C. Sucking

D. Swallowing fluids

Name:

COMMENTS

E. Chewing

F. Swallowing solids

IX. Sensori-Motor

A. Tactile Discrimination

1) Sensation

a) light touch

b) pressure

c) temperature

d) pain

e) 2 point tactile

2) Manual identification of familiar objects (stereognosis)

3) Body part touched and in what sequential order

4) Localization of tactile stimuli - Ayre's Test

5) Tactile sequence and assembly tasks

6) Kinesthesia (movement sense)

7) Body Image

B. Olfactory Discrimination

1) Identifies scents- orange, lemon, pine, peppermint, etc.

Name:

COMMENTS

2) Makes distinction between pleasurable aromas

and distasteful scents (i.e. food vs. camphor)

C. Auditory Discrimination

1) Identifies direction sound is coming from and to

2) Matches similar sounds

D. Visuo-vestibular

1) Nystagmus after rolling or head movement

2) Visual attention - distractible, follows

3) Visual fixation - non-distractible and distractible backgrounds

4) Visual pursuit - horizontal, vertical, circular, divergence, convergence

X. Perceptual Motor

A. Left-right discrimination - naming left-right on own body and on a model

B. Bilateral Integration - pushing together, pulling apart, string beads,

secure paper with nondominant hand for writing, creeping, crawling

C. Crossing midline.

D. Motor planning - fine and gross motor mazes

E. Directionality - pointing to and moving body in various directions

F. Balance - sitting, all fours, on knees and standing (eyes opened and closed)

G. Eye-hand-foot coordination - imitation of movement (finger-to-nose-to-finger)

quick alternating supination - pronation and touching foot to various parts of

COMMENTS

other leg or on floor markers.

XI. Activities of Daily Living

A. Feeding

1) Dependent

a) lip closure

b) tongue thrust

c) tongue lateralization

d) swallowing

e) straw drinking

f) texture of food eaten

2) Feeds self with assistance

3) Independent

a) finger feeds

b) spoon

c) cup or glass

d) fork

e) straw

f) knife usage

g) serves, passes food

h) pours liquid

Name:

COMMENTS

i) eats most foods

B. Dressing

1) Dependent

2) Requires some assistance

3) Independent

a) coat, sweater, cardigan, blouse

b) slacks, trousers

c) shoes, boots

1) tie ons

2) pull ons

d) socks

e) pullover shirt

f) bra

g) braces

h) fastenings (zippers, buttons)

i) gloves, mittens

4) In what position does the individual dress (i.e. in bed, seated, standing)

C. Toilet Activities

1) Toileting

a) dependent

Name:

COMMENTS

b) requires assistance with clothing, transfers, or braces

c) independent

2) Bathing

a) dependent

b) requires some assistance

c) independent

3) Hygiene

a) wash hair

b) comb and brush hair

c) brush teeth

d) cut, clean and file nails

e) shave face

f) menstrual care

g) apply deodorant

h) shave legs and underarms

XII. Equipment

A. Transportation

1) Independent

2) Wheelchair

3) Crutches

Name:

COMMENTS

4) Braces

B. ADL

1) Feeding

2) Bathing aids

3) Toileting aids

4) Dressing aids

APPENDIX 2-10

FUNCTIONAL CHANGE SCALE

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CEREBRAL PALSY FUNCTIONAL CHANGE SCALE

ENTRY SKILLS		EXIT SKILLS
	MONEY	
______	does not use money	______
______	uses money, but does not make change correctly	______
______	recognizes values of coins; can add change to $1.00	______
______	can make change from $1.00	______
______	uses banking facilities with assistance	______
______	uses banking facilities independently	______
	PHONE	
______	does not use telephone	______
______	can answer telephone correctly	______
______	can dial 911 for emergency	______
______	can dial up to five frequently called numbers	______
______	can use telephone directory and call numbers independently	______
	TIME	
______	has no concept of time	______
______	understands difference between day/week, minute/hour, etc.	______
______	recognizes activities which occur in the morning, afternoon, evening, or night	______
______	can tell time to the hour	______
______	can tell time to the quarter hour; recognizing that 10:45 is quarter to eleven	______
______	tells time to the minute; sets own watch, alarm clock	______
	SHOPPING	
______	does no shopping	______
______	can make purchase with close supervision	______
______	can make purchase with limited supervision	______
______	can make small purchase independently	______
______	can make major purchases with supervision	______
______	can shop for all items independently	______

ENTRY SKILLS		EXIT SKILLS
	TRANSPORTATION	
_____	can use private transportation with assistance (i.e. transfer, driver)	_____
_____	can use adapted (i.e. ramp, lift) public transportation with assistance	_____
_____	can use regular public transportation with assistance	_____
_____	can arrange and use adapted public transportation (i.e. Dial-a-Ride) independently	_____
_____	can independently use regular public transportation for 1 route to/from work	_____
_____	can use regular public transportation system independently	_____
_____	has learner's permit to drive	_____
_____	drives car independently	_____
_____	owns and drives car	_____
	HOUSING	
_____	nursing home/convalescent center	_____
_____	group home	_____
_____	family home	_____
_____	foster care home	_____
_____	transitional housing (i.e. agency affiliation with support services)	_____
_____	group apartment with other handicapped individuals	_____
_____	own residence (home/apartment)	_____
	FEEDING	
_____	swallows without gag	_____
_____	drooling under control	_____
_____	sucks or uses straw	_____

ENTRY SKILLS		EXIT SKILLS
	FEEDING (CONT'D)	
_____	finger feeds	_____
_____	chews table food	_____
_____	drinks from cup/glass	_____
_____	independent with spoon	_____
_____	independent with fork/cup	_____
_____	independent with knife	_____
	Adaptions:	
	TRANSFERS	
_____	ambulatory, _____crutches, _____wheelchair	_____
_____	independent to/from bed	_____
_____	independent to/from toilet	_____
_____	independent to/from shower	_____
_____	independent to/from bath	_____
_____	independent to/from chair/sofa	_____
_____	independent to/from car	_____
_____	independent to/from bus	_____
	WHEELCHAIR SKILLS	
_____	sitting balance	_____
_____	lock/unlock brakes	_____
_____	propel backwards	_____
_____	propel forwards	_____
_____	negotiate corners	_____
_____	open/close doors	_____

ENTRY SKILLS		EXIT SKILLS
	WHEELCHAIR SKILLS (CONT'D)	
_____	go up/down ramp	_____
_____	prepare footrests/arms for transfers	_____
_____	pick up object from floor	_____
_____	sitting push-ups (10)	_____
_____	adjusts position	_____
	wheelchair description (and adaptations)	
	TOILETING	
_____	soils self, daytime and nighttime	_____
_____	has bowel control, day	_____
_____	has bowel control, night	_____
_____	has bladder control, day	_____
_____	has bladder control, night	_____
_____	places self on toilet	_____
_____	arranges own clothing	_____
_____	cleans self after toileting	_____
_____	flushes	_____
	DRESSING/UNDRESSING	
_____	totally dependent in undressing	_____
_____	removes clothing from lower body	_____
_____	removes clothing from upper body	_____
_____	puts on shoes and socks	_____
_____	puts on slacks/pants	_____
_____	puts garments on upper body	_____
_____	dresses independently except fastenings	_____

ENTRY SKILLS		EXIT SKILLS
	DRESSING/UNDRESSING (CONT'D)	
_____	dresses independently	_____
	HYGIENE	
_____	dependent in hygiene	_____
_____	turns faucet on/off	_____
_____	wash/dry hands/face	_____
_____	cares independently for teeth	_____
_____	cares for nose	_____
_____	bathes/dries independently	_____
_____	applies deodorant	_____
_____	shampoos/sets/dries hair	_____
_____	shaves underarms/face/legs	_____
_____	grooms toenails	_____
_____	grooms fingernails	_____
	SELF ADVOCACY	
_____	does not communicate their concerns or needs	_____
_____	will respond to questions relating to concerns or needs	_____
_____	recognition of choice is possible	_____
_____	initiates action for him(her)self	_____
_____	questions appropriateness of actions by others in relation to self	_____
_____	active participation in decisions regarding self	_____
_____	understands legal rights	_____
_____	willing to assume responsibility for self	_____
	EMPLOYMENT	
_____	wants to be involved in productive work	_____

ENTRY SKILLS	EMPLOYMENT (CONT'D)	EXIT SKILLS
_____	understands the process of looking for a job	_____
_____	realistic about own capabilities	_____
_____	realistic expectations of the world of work	_____
_____	willingly and actively participates in learning tasks relating to productive work	_____
_____	able to handle work related behaviors	_____
_____	able to work under the direction of supervisor	_____
_____	work independently	_____
_____	active participation in job search	_____

APPENDIX 2-11

SAMPLE REPORTS

PRE-SERVICE SUMMARY REPORT

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION CP# ____________
AND RELATED DISABILITIES ____________
ISMRRD The University of Michigan, 130 South First St., Ann Arbor, Michigan 48109

PRESERVICE SUMMARY FORM

CLIENT

Name ____________ B.D. ____________ Age ____________

PARENT OR GUARDIAN

Name ____________ Address ____________

Phone - Area Code 313 Number ____________ City Detroit ____________ State Mich. Zip ____________

REFERRAL SOURCE

Name ____________ Agency C.M.H.

Phone - Area Code ____________ Number ____________ Address ____________

PREVIOUS EXAMINATIONS:

Aud ____________
Dent ____________
Phys ____________
Opth ____________

DISCIPLINES:

Aud ____________
Dent ____________
Nurs ____________
Nut ____________

OT ____________
Peds ____________
PT ____________
Psychi ____________

Psych ____________
Sp Ed ____________
Sp & Lang ____________
SW ____________

Voc Rehab ____________
Other ____________

I. Reason for referral

has been referred to ISMRRD and the Vocational Training for Cerebral Palsied Individuals Project for evaluation and vocational training.

Background

is a highly motivated 36-year-old quadriplegic cerebral palsied man who wants to explore his vocational potential and develop his work skills. is confined to a wheelchair and has limited use of his hands. His speech is impaired. For the past year has resided in a group home in . Prior to this he lived in Coldwater, Hillcrest, Lapeer Regional Center, and several nursing homes. He needs assistance with self-care and transferring. He shares in the cooking/maintenance duties at the group home.

Familial/Social

parents live in Southfield. There appears to be little or no contact with them.

gets along well with most of the residents in the group home and has learned adaptive skills for coping with annoying and problematic residents. However, when he gets very aggravated, he gets spastic and yells uncontrollably.

Medical/Dental

is scheduled for an evaluation at the Department of Physical Medicine and Rehabilitation, University Hospital in January, 1980. There are no records to indicate that he has had a recent dental or speech evaluation.

Psychological

There are no records of a recent psychological evaluation.

Educational/Vocational

For the past year has attended the Activity Center in With the assistance of a staff member, sells Avon and Stanley products. Prior to this he had a paper route. likes the work activity center, but is concerned about the lack of work there. He feels that he is ready for a more challenging program. With assistance he can read and handle his own money.

Financial/Legal

aunt, , is his legal guardian. He receives social security benefits.

ASSESSMENT REPORTS

CP#

ISMRRD
INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

The University of Michigan, 130 South First St., Ann Arbor, Michigan 48108

CLINICAL SERVICES EVALUATION REPORT

LOCATION OF EVALUATION ISMRRD EVALUATION DATE(S) March 17, 1980, Apr. 10, 1980

DISCIPLINE Vocational Rehabilitation

Reason for Referral

is a highly motivated 36-year-old quadriplegic cerebral palsied man who was referred to the Vocational Technology Project by the Bureau of Rehabilitation for vocational evaluation, and possible work adjustment training. is confined to a wheelchair and has limited use of his hands. His speech is impaired. For the past year has resided in a group home in Prior to this he lived Coldwater, Hillcrest, Lapeer Regional Center, and several nursing homes. He needs assistance with self-care and transferring. He shares in the cooking/maintenance duties at the group home. He attends the work activity program at Inc. His participation in the work at the Center is limited because of his physical disabilities. would like to develop more work skills so that he could be gainfully employed. With the assistance of a staff member at the group home he also sells Avon and Stanley products. was cooperative throughout the vocational evaluation process.

Vocational Evaluation Objectives and Strategies

1. To secure a complete history through interviewing the client and involved personnel, as well as reviewing the background material in the following areas: (See Case Summary)

   A. Familial/Social
   B. Medical
   C. Psychological
   D. Educational
   E. Vocational

2. To assess the client's motivation to work via interviews and behavioral observations in a simulated environment.

(continued next page)

NAME ______ B.D. ______ CP# ______

CASE COORDINATOR Lucy Chin

REPORT BY L.C.

APPROVED BY SUPERVISOR OR PROGRAM DIRECTOR Judith E. Drews DATE April 24, 1980

ISMRRD Form #2.2.3

3. To acquire information relevant to the client's expressed vocational interest and sophistication by use of (a) Vocational Interest and Sophistication Assessment (VISA) and (b) AAMB-Becker Reading-Free Vocational Interest Inventory.

4. To acquire baseline data on the following factors:

A. Sensory	Motor-Free Visual Perception Test Color Blind Screening Haptic Visual Discrimination Test (HVDT)
B. Motor Performance	Occupational and Physical Therapy Evaluations
C. Verbal-Cognitive	Peabody Picture Vocabulary Test
D. Functional Academics	Key Math Reading Test Key Math Diagnostic Arithmetic Test Woodcodk Reading Mastery Tests Elwyn Institute's Remedial Inventory

5. To acquire acquisition data while training the client to produce a variety of work samples. The Bendix R-2 Coaster Brake Assembly, sorting, quality control, block assortment, and programmed video task training were utilized as the work samples.

6. To acquire information while produced the above work samples in a simulated work environment. Quality, quantity, and stability of production data were utilized.

7. To consolidate the above objectives and data to develop a habilitation prescription indicating factors to facilitate vocational development.

Vocational Motivation, Sophistication and Interest

During informal interviewing expressed a strong desire to obtain a job as he liked working and desired a steady income. On the Sophistication Inquiry part of the VISA which tests the client's job knowledge of each work area, scored above average in the areas of laundry and farming. He also expressed adequate knowledge about the maintenance job cluster. An analysis of his answers to the basic task requirements of these job clusters reveal that he has little knowledge of the specific tasks in each area, training required for jobs in these areas, and little understanding of salary ranges.

On the AAMD-Becker his highest interest areas were in clinical and personal service. He expressed moderate interest in food service, laundry service, and materials handling. The scores on the inventories indicate broad range of vocational interests and a possible need for him to become more familiar with specific job requirements in each of these areas. During the production phase of the evaluation he demonstrated appropriate work behaviors and an interest in learning new work tasks.

Baseline Factors

A. Sensory

passed the color blind test. In order to assess his perceptual motor functioning was given the Motor-Free Visual Perception Test. His total raw score was 26 (possible 36). The scores on the subtests were higher in the areas of spatial relationships and visual discrimination than in the areas of figure/ground discrimination, visual closure, and visual memory. While there are no norms for age group, the lower scores reflect limitations in abstract reasoning and memory that should be considered in vocational training.

On the Haptic Visual Discrimination Test where an item was placed in right hand behind a screen, was more successful in discriminating sizes than in shapes and textures by touch. During the configuration section of the test he was allowed to see the object and the picture, he selected 60% of the pictures correctly. has limited tactile discrimination abilities, but with the aid of consistent training strategies his visual discrimination abilities could be developed for future employment.

B. Motor Performance

To obtain an assessment of motoric functioning, he had an occupational therapy evaluation on March 18, 1980 and physical therapy evaluations on March 19, 1980 and April 10, 1980. Their reports are in the Master File and will be incorporated into the case summary.

C. Verbal Cognitive

was administered a Speech and Language evaluation on April 10, 1980. The report is in the Master File and will be incorporated in the case summary. According to his performance on the Peabody Picture Vocabulary Test, he is functioning at the 8 years 11 months level in the receptive language area. Observation of receptive language ability in the work setting indicates no difficulty in understanding simple directions. will ask for clarification when he doesn't understand what is said.

D. Basic Academics

To assess academic skills, the following tests were administered: portions of the Key Math Diagnostic Arithmetic Test, portions of the Woodcock Reading Mastery Tests, and the Elwyn Remedial Inventory.

On the Key Math Diagnostic Arithmetic Test, demonstrated math skills equivalent to the 1.4 grade level. His higher subtest scores were in the areas of numeration, identification of geometry/symbols, and time. He recognizes most coins, and appears to have some understanding of the concepts of addition and subtraction. Routinely he uses a calculator to handle the financial part of his sales work.

On the letter identification subtest of the Woodcock was able to identify the upper case letters, but had difficulty with the lower case letters. His subtest score was 1.7. On the passage comprehension he scored at the 2.1 grade level.

lacks skills in functional areas, such as utilizing a calendar, measurements, and money skills. On the Elwyn Institute's Remedial Inventory he was able to recognize eleven words that are commonly seen in the community.

Adaptive Behavior

is semi-independent in self care skills. He also needs assistance with money handling, using public transportation, and shopping. He requires a supervised living situation and relates well to his house-operators, supervisors, and peers. is highly motivated and exhibits this quality by his perseverance on new and difficult tasks.

WORK SAMPLE ACQUISITION

Various work samples were utilized during the work evaluation period to assess interest, motivation, current skill level and potential for vocational training and placement. The following section will describe the work samples utilized.

Quality Control

In the quality control task, one nut and bolt sample was placed on a designated area on the work station. Five other units were placed behind the sample unit. task was to sort the five units according to whether they were the same or different than the sample unit.

Bicycle Brake Assembly

was trained on the 14-piece Bendix Bicycle Brake Assembly. Of the fourteen components, was able to successfully learn and assemble six components of the brake. received training on this complex assembly task utilizing task analysis methods.

Block Placement

On this task was instructed to place 60 one-inch blocks in a jug according to a designated side up.

Reduplicating Patterns

received training on reduplicating patterns pictured on a card by placing wooden mosaic pegs in a clear plastic grid frame. This work sample was administered to help assess discrimination skills.

Calculating Purchases

Because is currently involved in selling Avon products during his leisure time, a work sample was devised to assess his efficiency in this endeavor and to assess the need for any help or facilitative aids. task was to use a calculator to tabulate small purchases from verbal orders.

Janitorial Tasks

was also exposed to some janitorial work. He worked on the following tasks (utilizing task analysis techniques): cleaning sinks, wiping tables, vacuuming, cleaning the pencil sharpener, cleaning ashtrays, and dusting.

WORK PRODUCTION

During the production phase of work evaluation, worked in a simulated work environment producing previously learned tasks (refer to Work Acquisition). He worked with two co-workers in this environment which was established to control extraneous cues and distractions.

On the quality control task, accuracy rate averaged 84% demonstrating the ability to differentiate between similar objects. On the 6-step bicycle brake assembly, averaged eight assemblies per hour. Although this is below sheltered norms, worked continuously and demonstrated persistence of not giving up on this difficult task. On reduplicating designs, accuracy rate was 83%. Although color and size discrimination were excellent, evidenced difficulties in differentiating similar shapes. In calculating small purchases from verbal instructions, did extremely well (100% accuracy). However, it should be noted that in order for to become independent in his current job of selling Avon products, he needs additional training in calculating larger purchases, figuring taxes, and training in checking written orders.

The final area was assessed in was janitorial. Of the tasks (refer to Work Acquisition) received training on, he reached criteria (6 out of 6 trials) on 50% of the tasks. It should be noted however that out of those tasks did not reach criteria on (some steps of tasks were physically impossible for to perform, requiring some adaptive modifications and/or equipment changes), once again evidenced a persistent attitude, remaining on the job no matter how difficult the task was for him.

WORK ADJUSTMENT FACTORS

During the production phase of assessment, demonstrated excellent workshop behavior (on-task 99%). Once was trained on a task, he worked independently with minimal direction and supervision. was extremely self-motivated and thrived on surpassing his self-defined goals. He took verbal instructions well, appearing well-motivated, and continually stated that he enjoyed working.

tends to be very concerned about his work performance and seeks a lot of feedback from workshop staff. responds well to reinforcement which seems to enhance his motivation and performance even more on the job.

Conclusions and Recommendations

According to diagnostic assessment information, work sample acquisition and production data, background information, and vocational interest and motivation, he is an appropriate client for work adjustment through the Vocational Technology for Cerebral Palsied Individuals Project. could benefit from an individualized adjustment program and improve some of his current skill deficits.

An analysis of vocational profile indicates the following strengths:

1. High level of motivation--as demonstrated during task acquisition and subsequent production.
2. Lack of interfering work skills.
3. Ability to work productively for six hours per day.
4. Consistent self-motivated and attention to task.
5. Willingness to accept supervision.
6. Friendly, outgoing personality as demonstrated in social interactions.
7. Dependable
8. Willingness to learn new tasks.
9. Good self concept as a working adult.
10. Initiates social/recreational activities for himself.

difficulties which may interfere with rapid adjustment to a work setting include:

1. Limited survival skills and functional academics, i.e. money, social sight vocabulary.
2. Limited experiences with tasks requiring motor skills.
3. Inability to be understood consistently.
4. Limited awareness of the world of work or job responsibilities.
5. Grooming problem - need for dandruff control.
6. Unrealistic expectations of his physical and mental limitations.

A work adjustment program is recommended at this time to alleviate some difficulties that may experience in a work setting, as well as to build on his strengths to facilitate vocational training. A 10-week work adjustment program is recommended, focusing on the following goals and objectives:

1. To obtain a part-time job task at Workshop possibly utilizing the assistance of rehabilitation engineering.
   Objective: established by training staff

2. To improve conversational communication ability
   Objectives: will explore an alternative means of communication as an augmentative system to be utilized with speech production.

3. To increase realistic expectations of himself in regards to the world of work.

   Objectives:
   1. will recognize the qualities required for working.
   2. will recognize limitations that would affect his ability to work.
   3. will identify 2 realistic career options.

4. To perform two tasks for six hours which relate to his ultimate job placement at 95% accuracy.

   Objectives: to be determined by training staff.

5. To increase independent living skills.

   Objectives: will increase his ability to be more self-sufficient in self care skills.

6. To improve movement patterns.

   Objectives: will increase the use of his upper left extremity.
   2. will decrease use of primitive reflexes.
   3. will improve his wheelchair positioning.

7. To maintain 95-100% on task behavior in the workshop.

   Objectives: Objectives to be determined by workshop staff.

8. To understand money as it relates to work, independence, and

   Objectives:
   1. will independently tabulate his sales orders and small purchases.
   2. will be able to make change for $1.00 with the aid of his calculator.

Following the 10 week work adjustment program, it is recommended that a staffing be held to review vocational status. The following personnel should be present at the staffing: Bureau of Rehabilitation Counselor, , and the Vocational Technology Project evaluation and training staff, and It is recommended that receive relevant information relating to his vocational status through the case coordinator.

ISMRRD

**INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES**

The University of Michigan, 130 South First St., Ann Arbor, Michigan 48108

CLINICAL SERVICES EVALUATION REPORT

LOCATION OF EVALUATION ISMRRD EVALUATION DATE April 10, 1980

DISCIPLINE Physical Therapy

. is a 37 year old man with cerebral palsy. Moderate spasticity is noted throughout with some limitations in joint range of motion. Numerous primitive reflexes have been maintained.

Reflexes: note Patricia Custer's 3-19 PT evaluation

Wheelchair Maneuvering: has a right hand drive electric wheelchair, which he operates smoothly in large spaces, but often bangs into walls in hallways or when turning corners.

His footpedals, which are permanently fixed, appear to be slightly low, otherwise the chair appears to fit him well. He can adjust his posture independently in the wheelchair, and therefore relieve pressure areas. He can raise his legs, and lift his wheelchair foot pedals with his right hand.

He requires maximal assistance to get into and out of his wheelchair.

Gross Motor: demonstrates increased flexor tone in the upper and lower extremities prone. The upper extremities, supine, demonstrate increased extensor tone (head & shoulder retraction), as do the lower extremities with moderate adductor spasticity. He is able to turn his head to either side in supine, and initiate a sit-up, but with his head in some extension.

Rolling is done in a log roll manner from supine (head, arms and legs) in a semi-sitting position. From prone he initiates the roll from his legs, then arms and head follow with poor segmental

NAME B.D. CP#

CASE COORDINATOR Lucy Chin

REPORT BY Maxine Hoffman, RPT Maxine Hoffman, RPT

APPROVED BY SUPERVISOR
OR PROGRAM DIRECTOR Judith Drews, Ph.D. RPT DATE

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In prone, he can lie with his arms extended by his sides, but with moderate flexion at his elbows, wrists and fingers, and moderate forearm pronation and wrist ulnar deviation. He can prop on an open right hand and uses his right hand to open his left hand for propping.

He assumes all-fours by using the symmetrical tonic neck reflex, flexing his lower extremities first. He marine crawls, side sitting to the right, pulling with his right arm and then both legs. He was noted to drool after a fair amount of physical exertion.

He sits up toward the right from supine or prone, to a long sitting position with the lower extremities flexed and his back rounded. He can sit without using his hands for support, or uses his right hand for support, but maintains his left arm in a flexed position.

Posture: supine, left foot is inverted, right foot everted. Lies on his right hip, left hip flexed up and over the right. Has a right thoracic and left lumbar scoliosis.

Range of Motion:

	Right	Left
Shoulder Flexion	135°	160°
Elbow Extension	-30°	35°
Wrist Extension	-35°	+15°
Fingers (PIP joint)	hyperextension	
Hip Extension	-30°	-30°
Knee Extension	-50°	-35°
Ankle Dorsiflexion	-25°	-20°

reports he stretches his arms and legs every morning when he wakes up, and often stretches his left upper extremity during the day. To increase extension in the left upper extremity, he uses the assymetrical tonic neck reflex.

Perceptual Motor:

Body parts - can name most body parts without difficulty; had some trouble with cheeks (touched chin first), elbow (touched shoulders first), top of head (touched back).

Directionality - knew up, down, around, right and left, inside and outside. Named front and back of his body, but had difficulty following directions, "lie on your back", "roll to your front."

Ocular Pursuit - had some trouble maintaining his attention when following an object vertically, horizontally, and circularly, but his eyes appeared to function well with these tasks, as well as with convergence.

In the shop, he demonstrated a learned skill that required 10 sequencing steps, and used his left hand mainly to hold objects for the right hand to manipulate.

Problem Areas Summarized:

(1) Reflexive activity limiting normal movement
(2) Abnormal flexor and extensor spasticity inhibiting normal movement
(3) Joint contractures
(4) Limited attention span
(5) Perceptual motor problems (more extensive evaluation needed)
(6) Scoliosis

Recommendations:

(1) Physical therapy once or twice a week to work on a home program for proper positioning to possibly decrease or maintain joint limitations, decrease use of primitive reflexes, make suggestions for more normal movement patterns (segmental), and possible increased use of the left upper extremity.

(2) Possible wheelchair positioning suggestions for scoliosis.

(3) Further evaluate perceptual motor and limited attention span problems and help to develop suggestions to make his working situation optional.

tw

CP#

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

The University of Michigan, 130 South First St., Ann Arbor, Michigan 48108

CLINICAL SERVICES EVALUATION REPORT

LOCATION OF EVALUATION ISMRRD EVALUATION DATE April 9, 1980

DISCIPLINE Occupational Therapy

Kitchen Assessment:

1. Turn on water--independent
2. Turn on stove--independent if dial is on front, impossible if dial is on back, not recommended that Gary perform around a hot stove.
3. Pour hot liquid--able to pour from large container holding 3-4 cups liquid, not recommended that he use hot liquid
4. Open package--independent, very time consuming
5. Open jar--independent with screw top jar
6. Use can opener--impossible with manual type opener; eledtric type not available for trial
7. Use refrigerator--independent, needs lapboard to transfer items from refrigerator to table
8. Bend to low cupboards--independent, able to obtain light weight items from top & bottom shelf of lower cupboard
9. Reach high cupboards--impossible
10. Peel vegetables--sharp--sharp tools not recommended
11. Use sharp tools-- " " """ " " "
12. Measures--cannot read measurements; if a certain amount were needed repeatedly, a mark could be placed on a measuring cup
13. Use range and/or oven--not recommended
14. Stir against resistance--independent: excessive amount of time required to mix thoroughly
15. Use electric mixer--not available for trial
16. Cut with shears--independent, close supervision recommended
17. Read directions--impossible
18. Follows directions--follows verbal instructions well
19. Set and clear table--independent, lapboard needed to transport items to and from table
20. Wipe up spills--independent
21. Wash dishes--independent, sharp tools dhould be eliminated; not able to transfer heavy items to drain area

NAME ______ B.D. ______ CP# ______

CASE COORDINATOR Lucy Chin

REPORT BY Mary Aleksoff, M.A., OTR Mary E. Aleksoff

APPROVED BY SUPERVISOR
OR PROGRAM DIRECTOR ______ DATE 4/9/80

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22. Clean area--independent except for lifting heavy items from area
23. Wring out dishcloth--independent
24. Retrieve objects from floor--independent except for heavier items (app. 3 lb. and over)
25. Put groceries away--independent--can use lapboard to transport light weight items to lower cupboards
26. Unload dishwasher--same as # 25.

As began a baking project, he repeatedly stated, "I know how to cook. I cook all the time at home." As he performed he repeatedly asked for assurance that he was performing properly. He performs tasks thoroughly even though most tasks require an excessive amount of time. Standards of performance when working with batter, greasing pan, cracking egg, scraping out bowl are not on a competitive level due to spasticity and lack of range in upper extremities. He is able to sort items, remove and replace items from cupboards, transport items on a lapboard, set a table in a satisfactory manner though an excessive amount of time is necessary. A very persistent worker.

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INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

The University of Michigan, 130 South First St., Ann Arbor, Michigan 48108

CLINICAL SERVICES EVALUATION REPORT

LOCATION OF EVALUATION ISMRRD EVALUATION DATE 4/10/80

DISCIPLINE Speech and Language

REFERRAL INFORMATION

, a 36-year old male, was seen at ISMRRD for interdisciplinary evaluations in conjunction with the Vocational Training for Cerebral Palsied Individuals Project (VTCPI).

has quadriplegic spastic cerebral palsy. He uses an electric wheelchair and, therefore, has a good degree of mobility. More complete background information can be found in the VTCPI reports.

COMMUNICATIVE ABILITY

has severe dysarthria. His speech is approximately 50% intelligible in context. The method that presently uses to increase listener comprehension of his speech is repetition of unintelligible words and/or phrases. This technique did not improve intelligibility. It resulted in the listener guessing and becoming increasingly frustrated in his communication attempts.

reported that the primary technique he has been taught for improving his speech is speaking at a slower rate. demonstrated that this was not greatly successful in increasing his speech intelligibility. We agreed that other methods needed to be explored.

NON-ORAL COMMUNICATION

One of greatest concerns was that people cannot always understand his speech. Part of the speech evaluation assessed ability to use Bliss symbols as a supplement to his verbal communication. This non-oral communication system was considered for because it can meet the communication needs of a person with average intelligence and limited reading ability.

To determine whether would be able to use Blissymbolics, his ability to identify black and white line drawings was assessed. The results indicated that has adequate visual perception to use the Bliss symbols.

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CASE COORDINATOR L. Chin

REPORT BY Barbara Hall/Janet Nevells

APPROVED BY SUPERVISOR
OR PROGRAM DIRECTOR Barbara Hall DATE April 24, 198

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readily learned to associate Bliss symbols with pictures representing vocabulary he knew. In a Blissymbolics development program, the student initially learns to associate colored pictures with their Bliss symbols. Successful performance with this task indicates that Bliss symbols are a viable augmentative system of communication for him. During the training session, was able to learn 15 symbols, 7 body parts and 8 from other categories (e.g. people, objects). stated that he would like to learn the Bliss symbol system. He understood that it would not replace his speech, but rather, it would assist him in communicating words and ideas he could not say clearly.

SPEECH SOUND PRODUCTION

Results of the Fisher-Logemann Test of Articulation indicated that has misarticulations on the single word level. In addition, as the length of the word or phrase increased, speech intelligibility decreased. He had sound substitutions in the initial, medial, and final position of words. Sounds in the medial and final positions were more often misarticulated than sounds in the initial word position. Sibilant sounds were the most frequently misarticulated sound class. used predominantly stop sound substitutions for the sibilant sounds (e.g. eletant/elephant). In the final position of words, sounds were either omitted or distorted. A technique which served to increase the intelligibility of these utterances required that repeat the individual syllables of a word separately and then in combination, beginning with the last syllable (e.g. for the name 'Costello'. would say "lo" - "tello" - "Costello"). Using this method, intelligibility improved somewhat.

SUMMARY AND RECOMMENDATIONS

. was evaluated at ISMRRD for the Vocational Training Program. A speech and communication evaluation indicated that is an excellent candidate for a non-oral communication system, however, he will continue to use oral speech as his primary means of communication. Results of articulation testing and analysis of conversational speech revealed many sound production distortions. did demonstrate some potential and great motivation to improve his speech production; however, because of the severe effects of cerebral palsy on the muscles involved in speech, control of speech sound production is naturally very difficult for him.

The following is recommended:

1. receive speech/language therapy while attending the VTCPI at ISMRRD. Areas of focus would be: a. articulation therapy
   b. non-oral communication.

2 That learn the Blissymbolics non-oral communication system to supplement his speech and to increase his overall communicative ability.

INDIVIDUAL HABILITATION PLAN EXAMPLES

Individual Habilitation Plan

Client's Name:

Staffing Date:

Case #:

Personnel attending Staffing:

GOALS

Area: VOCATIONAL	Method/Vehicle	Individual Responsible
will identify 3 occupations that are compatible with his interests, aptitudes, and abilities.	During work adjustment training will try out 3 simulated work samples in the area of janitorial services, food services, and messenger services.	Sher
	1) Daily observation data will be kept as to work behavior/performance.	Liza
	2) Vocational counseling twice a week will focus on: a) feedback from regarding his work tasks. b) reinforcement of appropriate work tasks. c) occupational information relating work tasks to vocational options. d) information will be shared with so that he can see his progress.	Lucy
SELF-CARE		
will acquire independence in mobility with electric wheelchair, some dressing, and feeding.	O.T. will provide task analysis & training to attendants after baseline data is collected in all three skills.	Cheryl

I have discussed the goals for training with the Case Manager/Client and we are in agreement with them as written/amended. We both assume responsibility for successful accomplishment of this plan.

Case Manager: Lucy Chin

Client Signature:

Date: 4/7/80

Date:

Individual Habilitation Plan

Client's Name:

Staffing Date:

Case #:

Personnel attending Staffing:

GOALS

Area:	Method/Vehicle	Individual Responsible
1. Inhibit tonic neck reflexes.	1a Segmental rolling leading with hips. 1b Encourage side lying & hand usage. 1c Encourage back lying with head elevated and in midline, arms by sides. 1d Discourage use of ATNR to get better left hand grasp; try tenotesis and pulling thumb out of palm. 1e Prop of forearms with head in neutral, and not allowing hips to elevate off of floor.	Cooperative
2. Positioning	2. Encourage facelying propped on forearms, with arms under chest to take weight, & wrist & fingers as straight as possible. Encourage sidelying with arms extended away from the body; discourage execssive backlying.	
3. Wheelchair maneuvering.	3. Motor planning & eye contact.	

I have discussed the goals for training with the Case Manager/Client and we are in agreement with them as written/amended. We both assume responsibility for successful accomplishment of this plan.

Case Manager: Lucy Chin

Client Signature:

Date: [redacted]

Date:

WORK ADJUSTMENT TRAINING REPORTS

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

VOCATIONAL TRAINING PROJECT FOR CEREBRAL PALSIED INDIVIDUALS

WORK ADJUSTMENT REPORT

WORK ADJUSTMENT. (Sher Pazner Baker)

attended the Vocational Technology for Cerebral Palsied Individuals (VTCPI) work adjustment program from , 1980 through , 1980. Workshop goals (those developed from his individual habilitation plan concluding his vocational assessment) were:

1. To perform two tasks for six hours which would relate to his ultimate job placement at 95% accuracy.

2. To maintain 95-100% on-task behavior in the workshop.

3. To understand money as it relates to work, independence, and

Given these goals, received training in the following areas:

1. Bicycle Brake Assembly
2. Quality Control
3. Janitorial
4. Calculating Sales

The following section will define objectives regarding these tasks established at the onset of work adjustment program along with the various training techniques utilized and final outcomes at the duration of programming.

Bicycle Brake Assembly

Objective; will produce 16 Bicycle Brake Assemblies (six step assembly) per hour.

The Bicycle Brake Assembly (6 part assembly) was administered to to give him training to help develop his fine motor skills and visual discriminations which are requirements for working in the area of quality control (this area was defined as a possible employment potential during assessment period). When began independent production on this task he was averaging 8 assemblies per hour. The following rehabilitation engineering techniques were utilized at his work site to increase production: a jig to stabilize the axle (first step of assembly) which allowed to place subsequent parts of the brake on this piece and bins holding brake parts were placed on dycem matting (securing them so they could not be pushed out of place thus keeping the work station productively efficient and intact). With these modifications and persistence on this

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task, his production increased 63% (from 8 assemblies per hour to 13) in eight weeks of production. Although did not reach his original goal of 16 assemblies per hour, it was felt that with additional time in training this goal could be probably been attained.

Quality Control
Objective: will achieve 95-100% accuracy on several types of quality control tasks.

While in the work adjustment program received training on the following quality control tasks: washer units, bottles, and pipe clamps. Different tasks were presented in a sequentially complex order with a new quality control task not being introduced until reached criteria (95-100% accuracy) on the current task he was working on. Each task involved the following procedures for completing:

Washer Units - task was to inspect different sizes of washers and sort them according to size in designated bins.

Bottles - Task involved making discriminations in sizes of bottles as well as checking for fine mistakes (scratches, scuff marks) and placing checked units into packing boxes.

Pipe Clamps - On this task differentiated between six different sizes of pipe clamps all within 2" in size of each other. His task was to measure each clamp against a model to determine if it was alike or different from that designated clamp. Size as well as measuring discriminations were needed to complete this task.

To complete the above tasks, bins were clamped to the table's edge directly over lap. Packing boxes were placed on each side of his wheelchair so they were easily accessible for to perform the task.

The following table will outline accuracy rates, units per hour, and number of weeks of training on quality control tasks:

Summary of Results
Quality Control Tasks

Task	Initial Average Performance	Final Average Performance	# weeks in training
Washers accuracy: units per hour:	99% 318	100% 416	4
Bottles accuracy: units per hour:	98% 172	98% 236	2
Pipe clamps accuracy: units per hour:	94% 78	99% 117	2

Janitorial

Objective: will reach criteria (6 successful trials consecutively) on three janitorial tasks during work adjustment training.

Another potential employment area that received training in was janitorial. achieved this objective by reaching criteria on four tasks during this period (wiping tables, vaccuming, cleaning toilets, and mopping). Below are all the tasks reached criteria on (including those during his assessment period), special modifications made, and number of weeks of training that occurred to reach criteria.

Task	Modifications	Total Weeks in Training
Cleaning sinks	Sinks only at wheelchair height	10
Wiping tables	Table at wheelchair height	10
Dusting	Hand duster with long handle used for reaching	6
Cleaning ashtrays	No modifications	2
Cleaning pencil sharpener	Sharpener attached to table	4
Cleaning toilets	Johnny mop pads and holder used for easy reach and disposable cleaner pad	4
Mopping	Bucket filled using a smaller container with a handle to transfer water from sink to large mopping bucket	2
Vacuuming	(see Occupational Therapy Report)	5

janitorial equipment (sponges, cleaners, rags, etc.) were carried in a basket-type container with a padded handle which was easily transported by in his wheelchair. He acquired the supplies needed for daily tasks from a cabinet located at wheelchair height and carried only the necessary items in the basket to the area being cleaned. was responsible for returning the supplies following the completion of the task.

Task analyses were used in the beginning of training for all janitorial tasks. (See sample task analysis concluding this section.) Once 6 consecutive trials were completed successfully, was able to work on the task independently. Included in this section is a task analysis utilized with

Although time per task is slower than competative standards, persistence and efficiency on the job is excellent. A few of his average times are: 27 1/2 min. for cleaning 1 toilet, 7 min. for wiping 1 kitchen table, 15 min. for cleaning 1 sink, 20 min. for mopping 1/2 a average size kitchen floor and 6 1/2 min. for dusting a large table.

was always very enthusiastic and eager to work in this area. He completed each task with great care and precision. The VTCPI training staff feels could function doing light janitorial work (with necessary modifications in equipment) in a work situation where time was not an important factor.

Sample Task Analysis

Client:

Training Area: Janitorial

Task: Mopping Floors

SUCCESS CRITERIA: 6 out of 6 trials correct, 2 consecutive days

OBJECTIVE: will achieve criteria on mopping the kitchen floor.

TRIALS (M-manip., D-discrim., O-order +-no error)

	1	2	3	4	5	6	7	8
1. Obtain equipment (mop & pail).	+	+	+	+	+	+	+	+
2. Put water in bucket.	+	+	+	+	+	+	+	+
3. Add cleaner.	M	M	W/A +	W/A +	W/A +	W/A +	W/A +	W/A +
4. Put mop in bucket.	+	+	+	+	+	+	+	+
5. Wring out mop.	+	+	+	+	+	+	+	+
6. Mop edges of room parallel to baseboards being careful not to splash water up on walls.	+	D	+	+	+	+	+	+
7. Dip mop in cleaner and wring out as often as necessary to insure that the solution on the mop is clean.	+	+	+	+	+	+	+	+
8. Mop floor using a figure eight pattern.	M	M	W/D +	W/D +	W/D +	W/D +	W/D +	W/D +
9. Put equipment away.	+	+	+	+	+	+	+	+

KEY
W/A - with assistance.
W/D - with difficulty.

Calculating Sales

Objective: will be able to tabulate and check Avon orders with 100% accuracy using sales tax.

was trained on calculating Avon sales for two reasons; 1) to help him gain a better understanding of money and how it relates to the world of work, and 2) because he is already working on Avon at home (with the help of staff at his group home) and by performing this task more proficiently, he would become more independent in his own activities of daily living.

training consisted of reaching criteria (100%) on the following steps in their respective order:

1. Adding small purchases from written orders (3 items or less) using a calculator.
2. Adding large purchases from written orders (4 items or more) using a calculator.
3. Calculating individual prices of quantity orders (e.g. 2 lipsticks at $4.00 would be $2.00 each).
4. Calculating sales tax for written orders.
5. Adding items from written sales slips and checking for mistakes.

All steps were taught utilizing task analysis techniques. An example of teaching the third step (calculating individual prices of quantity orders) is shown in the following sample:

TASK ANALYSIS SAMPLE

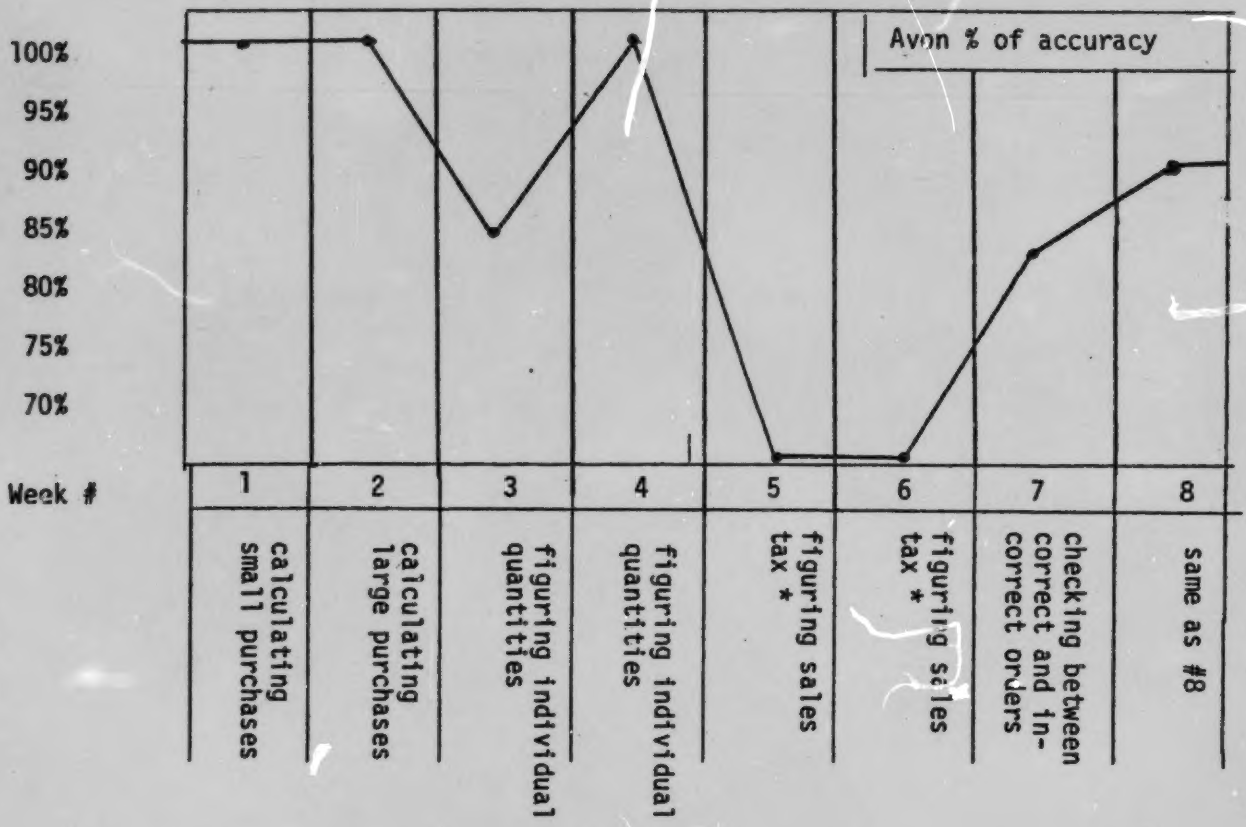
CLIENT -
OBJECTIVE - will calculate individual prices of quanity items of Avon orders.
SUCCESS CRITERIA - 6 out of 6 trials correct, 2 consecutive days.

PROCEDURES	TRIALS 1	2	3	4	5	6	COMMENTS
1. Check quantity							
2. Check item							
3. Check page							* Modifications: had difficulties manipulating pages - laminating pages or putting tabs on them made back easier for to handle.
4. Look up item on page in back*							
5. Find price of individual item							
6. Multiply price of individual item and quantity							
7. Check to see if figure is the same as total written							

Once reached criteria on a step (100% accuracy for one week period), he progressed to a subsequent one. By the 6th week of training original goal of figuring sales tax was modified to being able to differentiate between correct and incorrect Avon orders with 100% accuracy (without figuring sales tax). Reasons for excluding adding sales tax was that although was able to multiply the total price of orders by the sales tax %, he had difficulties in rounding off the calculated number (e.g. 4% of $13,98 is reflected as 0,5592 which was unable to round off to 56¢). also evidenced difficulties in locating designated numbers of tax charts.

The following graph denotes progress during this training :

(See next page)



*This part of training eliminated after week #6.

It was felt that although did not achieve his original objective of being totally independent in this task, he made substantial progress in gaining independence in the following aspects of his Avon sales; calculating small and large purchases from sales slips, figuring individual prices for quantity items, and being able to differentiate between correct and incorrect Avon orders with 90% accuracy (prior to figuring sales tax).

In addition to the above training, also received training in the following tasks:

1) Calculating personal expenditures.
2) Calculating weekly wages.

Upon reporting to work Monday morning, would count his personal money with the aid of a calculator and staff would record this amount on a slip of paper which would be placed in his wallet. Each expenditure that was made by during the course of the week would be subtracted from the total amount on that slip. would then review this slip at the end of the week with staff to ensure all expenditures were correctly subtracted and that his money left corresponded with the total recorded on the slip of paper.

Similarly the workshop supervisor went over production on a weekly basis and would multiply his production and payrate to figure his weekly pay. Both of these tasks were done consistently to help increase understanding of money as it relates to work, independence, and himself.

While much of proficiency was undoubtedly due to practice, the workshop staff employed supervisory strategies to aid his performance to achieve these results. Specifically, the VTCPI supervisors:

1. Set goals on accuracy rate and production of tasks received training on.

2. Provided verbal and visual (graph) feedback upon completion of a task.

3. Gave positive reinforcement every 10 minutes exhibited on-task behavior.

4. Maintained a consistent daily routine for to follow.

In addition to his production and on-task performance, exhibited the following appropriate work related behaviors:

1. reported directly to his work station and began work without delay.

2. willingly worked on all tasks presented to him.

3. indicated to supervision when he completed a task.

4. switched immediately to another task when requested.

5. remained consistently self-motivated and attentive to work (overall on-task average 99.9%).

6. participated in all ancillary therapies.

Residential Program

In addition to participation in the VTCPI program during the day, resided in a dormitory located on campus after work hours with other project participants and project aides. functioned independently at the dorm in handling meal tickets, choosing meals, and using a room key. An individual habilitation plan containing work-related and social/recreational goals was developed by project staff and implemented by the aides. Goals for included the following:

1. To make change for $1.00
2. To increase his recognition of social sight everyday words
3. To increase his proficiently in maneuvering his newly acquired electric wheelchair.
4. To call Dial-a-Ride to secure his own transportation.
5. To plan and implement his own social and recreational activities.

was especially instrumental in planning and implementing his social activities. utilized his evening hours to explore the world of work and made visitations to the following locations to explore potential employment opportunities: police station, fire station, and local airport. In addition to these activities initiated and participated in the following types of activities: bowling, movies, museums, concerts, visiting friends, and going out to dinner.

also spent evening hours on work related activities such as practicing tabulating Avon orders and working on vacuuming (see occupational therapy report). It was felt by the end of the program improved in all areas and benefited from the residential program very much.

Informing

Various contacts were made throughout programming with the project's placement coordinator and rehabilitation counselor, , to discuss progress in the program and plans after completion of training.

primary vocational objective - part-time employment remained unchanged and placement efforts were made for to obtain this goal. (For a more detailed account, please refer to the Placement Section of this report).

Vocational Recommendations

1. Part-time employment in quality control within the Workshop.

2. Part-time placement in a nursing home or similar employment setting which will require light janitorial duties, elements of quality control and working in the kitchen or laundry.

3. Rank order of vocational goals would be:
    1. Quality control
    2. Light janitorial
    3. Counselor or activity aide.

4. Consideration of a limited newspaper route in combination with Avon sales.

5. Volunteer work to develop vocational skills.

In addition to working in the VTCPI workshop during his work adjustment program, participated in the following ancillary therapies which were recommended following vocational assessment:

1) Individual Counseling
2) Occupational Therapy
3) Physical Therapy *
4) Speech *

*Reports will be forthcoming

Following are reports from these therapies:

INDIVIDUAL COUNSELING (John Gray)

While in the VTCPI Project's Work Adjustment Training Program, participated in bi-weekly counseling sessions (approximately 13 one-hour periods) from April 14 through June 5, 1980. The main goal focused on during his counseling sessions (as outlined in his individual habilitation plan) was to increase realistic expectations of himself in regards to the world of work. To achieve this objective, the following issues were centered on:

1. General concerns about work
2. Recognizing the ramifications of being handicapped and working
3. Expressing himself affectively
4. Accepting the necessity of both occupational and physical therapy
5. Accepting the concept of working part-time
6. Understanding labor market conditions and the concept of "lay offs"
7. Recognizing the alternatives of not being able to work and returning to the more workshop.
8. Consideration of a new control for his electric wheelchair.

pleasing personality, usual ability to smile and his positive approach helped in discussing a number of difficult topics. However, he did experience problems in developing reasonable decision making abilities, and accepting activities related to work which he did not wish to try (i.e. occupation and physical therapy). was very open in his acceptance of any vocational area; however, the employment market wasn't. He was able to plan rudimentary vocational goals together with personal or social activities, and is an excellent candidate for employment. His motivation is excellent, despite exposure to an unmet goal -- employment.

developed his independency skills and appeared willing to accept some and appeared willing to accept some of the ramifications of being handicapped and working, but will continue to require assistance in these matters. He receives excellent support from the group home and this has certainly assisted his development while in this program. contribution to the counseling sessions was excellent; however, his most difficult area was affective expression. increased his ability to accept direct supervision, but this remains a problem if it relates to something he does not wish to do.

and I tried to discuss some of his limitations in the world of work, his need to increase the use of his left hand and general physical abilities. does require excessive positive reinforcement due to the developed pattern of "doing things his way." This contributes to his difficulties in gaining further expertise and speed of operation, following the aquisition of a task. is willing to accept assistance from rehabilitation engineering and this would be required in most job options.

Finally, experienced difficulty in recognizing why he wasn't able to work and of course deserves emphathy in this regard. He does not appreciate the prospect of returning to primarily because of their slow intermittent contract work and down-time. He will continue to have difficulty understanding the conditions of the labor market which prevent him from reaching his goal. This case documents the deplorable conditions for severely handicapped individuals and further underlines the need for massive influxes of money for vocational training, rehabilitation engineering and more saleable on the job training programs.

Recommendations:

1. The VTCPI staff will again help in the fall when hopefully the employment situation in has improved.

2. Continue to develop skills in his Avon activities including using a calculator to tabulate sales.

3. Continue to attend workshop and gain patience in adjusting to down-time. VTCPI staff will offer assistance in developing skills while in the workshop.

4. Consider volunteer work to further develop his skills.

OCCUPATIONAL THERAPY

Objectives:

was initially evaluated on 3-25-80. Increasing independent living skills was an objective established in his staffing after his vocational assessment. In order to obtain that objective, the following goals were set which included:

1) Increase the effectiveness of gross grasp and pinch in right hand
2) Increase AROM in right shoulder
3) Increase effectiveness of right hand in use of a writing devise, this will also improve his prehension pattern and coordination.
4) Increase active use of his right arm as a helping arm/hand.

Progress:

presented himself as a individual eager to learn and improve himself. As long as therapy could be directly related to his work skills he participated fully, however, when the task could not, in his eyes, be seen as directly work oriented he became resistant to therapy. During treatment we worked on wheelchair maneuvering, vaccuming skills, active and passive ROM bilaterally in his upper extremities and prehension ability.

ability to maneuver his wheelchair improved in the course of therapy. He does continue to have difficulty in remembering to check behind him before placing the chair in reverse. He demonstrated the ability to independently vaccum, using an upright vaccum (no modifications needed) however, he is unable to empty the bag and then replace it.

Conclusions:

is an engaging, self motivated man who is eager to better himself. His work related tasks continued to improve throughout therapy. He became independent with an upright vaccum, except for changing the bag, which he was unable to manipulate using his right hand.

also began using his right arm as a helper without verbal cueing. A program for self ROM to maintain/increase his active ROM was presented on several occasions to , however, he is very resistive to any type of exercise program.

Recommendations:

1) Continue to encourage to use his left arm as a helper i.e. using his left arm to hold his paper while writing.

2) Encourage to check behind him prior to going in reverse. If this is not followed through a rear view mirror might work to encourage him to check behind before going in reverse.

3) Have complete ROM exercise 1X daily. Program includes:

   a) bringing his head to his chest and back up 5X then turn his head side to side 5X.

   b) bring his arms over his head, keeping his elbow and wrist as straight as possible 5X.

   c) have him bring his hands up to his shoulders and then back down 5X each arm.

   d) Close and then open each fist 5X.

has demonstrated the ability to complete this program, however, he is resistive to completing it.

CP#

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

The University of Michigan, 130 South First St., Ann Arbor, Michigan 48108

CLINICAL SERVICES EVALUATION REPORT

LOCATION OF EVALUATION ISMRRD EVALUATION DATES May 7- June 4, 1980

DISCIPLINE VTCPI - Physical Therapy

While in the VTCPI Work Adjustment Training Program, received physical therapy (5 individual sessions, approximately one hour long) from May 7 - June 4, 1980.

His initial evaluation, done on April 10, 1980, showed this 37 year old man with cerebral palsy to have moderate spasticity, limitations in joint range of motion, numerous primitive reflexes, limited attention span, perceptual motor problems and scoliosis.

Tone: increased flexor tone prone, increased extensor tone supine. Greater involvement in lower extremities than upper extremities.

Reflexes: Active primitive reflexes include -- flexor withdrawal foot, asymmetrical tonic neck to the right, tonic labyrinthine, symmetrical tonic neck, associated reactions, and negative or minimal righting reactions.

Joint range of motion: moderate limitations in full shoulder flexion; extension of elbows, right wrist, hips, knees, and ankle dorsi flexion.

Receptual motor: some trouble naming body parts. Knew directions (right, left, front, back, up, down, etc), but had trouble following the directions, "lie on your back", "roll to your front."

Ocular Pursuit: his eyes followed an object well, but he had trouble maintaining his attention.

Wheelchair maneuvering: with his right hand drive electric wheelchair often went into walls, and cut corners and doorway entrances too close, therefore, banging into them. This appeared to be a combined problem of fine motor control, motor planning an attention span.

Gross Motor Skills: Rolls without segmental rotation leading with his head (log rolls), in a semi-sitting position; props in prone with poor arm position; assumes all-fours using STNR, flexing hips first; marine crawls side-sitting to the right, and sits up towards the right, to a long sitting position with lower extremities flexed and back in a C-curve. Sits without hand support, or right hand support and left arm flexed and externally rotated.

NAME B.D. CP#

CASE COORDINATOR

REPORT BY Maxine Hoffman Maxine Hoffman, R.P.T.

APPROVED BY SUPERVISOR
OR PROGRAM DIRECTOR DATE June 25, 1980

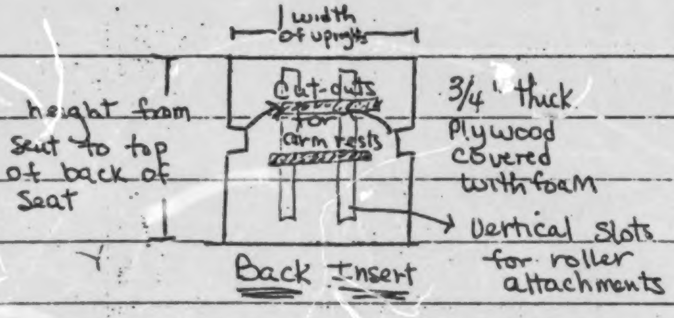
Scoliosis: right thoracic, left lumbar curve. Supine, lies on right hip, with left leg glexed, adducted and internally rotated (position for possible hip dislocation).

Wheelchair Problems: C-curve sits with increased extensor tone in lower extremities partly due to lack of adequate foot support. Arms are not maintained on a support and are positioned poorly. Seat belt is not positioned correctly to hold hips back in the chair, and weight is not born symmetrically on both hips.

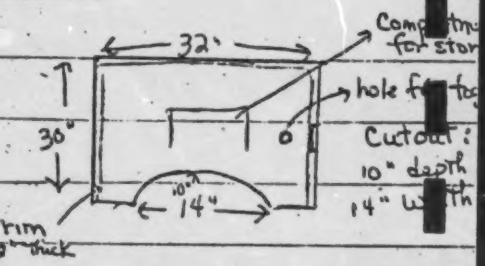
The goals of treatment program, and the particulars, are stated on the attached home exercise program. (See addendum report)

The following wheelchair adaptations are also recommended, which include:

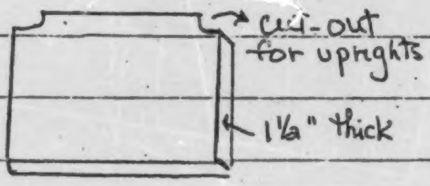
1. Solid back insert with vertical cut-outs for * roller inserts to correct rounded back sitting.
2. Solid seat insert to provide a firmer support to decrease scoliotic posturing.
3. Auto-type seat belt attached to the back corners of the seat. He presently has a velcro-closure seat belt, which opens when he leans forward, it is attached incorrectly to the sides of the chair, which allows for him to slide forward in his chair.
4. Raise foot pedals 2 1/2" on the right and then equal on the left side.
5. Lapboard with hole for toggle & drawy-type handle on the right side for removal by


width of uprights
height from seat to top of back of Seat
Cut-outs for arm rests
3/4" thick Plywood covered with foam
Vertical Slots for roller attachments

Back Insert


32"
30"
Comp
for stor
hole f
Cutout:
10" depth
14" w
10"
14"
rim
1/2" thick

lapboard : 30" le
(from
32" width

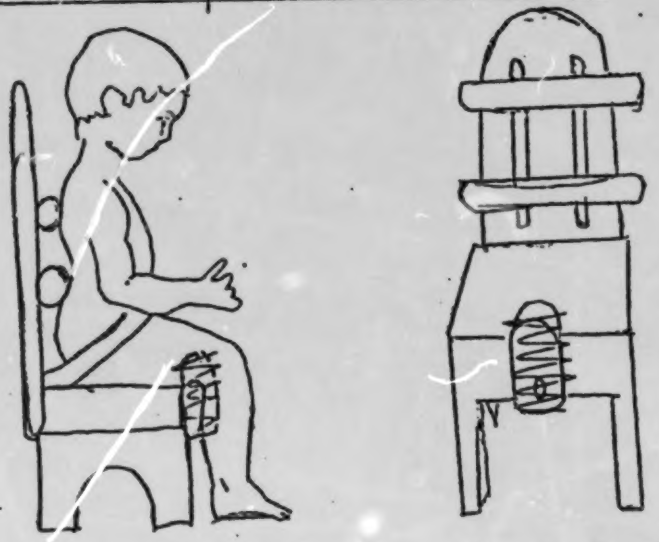

cut-out for uprights
1 1/2" thick

Seat Insert

*rollers will need to be added after inserts are fitted into chair, and footrest are elevated.

Additional Roller Use:

Chair with pelvic-tilt backrest



Side View

front View

Progress noted from this program was: improved tone range for motion, and posture secondary to relaxation exercises, moving with more body rotation, and proper positioning. Much of this progress was due to the daily carryover of his exercise program in his South Quad living quarters by the aids.

In conclusion, if continues his exercise program at home, it should help to decrease his tone, improve his posture, and therefore his total well being, and improve his fine and gross motor skills by decreasing the influence of his primitive reflex activity. He does not appear to fully understand the intent of moving "correctly", though I have tried to carefully explain this to him. The wheelchair adaptions will hopefully improve his posture and arm function.

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

June 4, 1980

EXERCISE PROGRAM

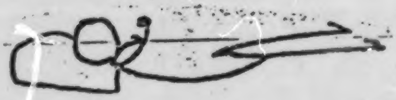
(Addendum to Physical Therapy Report)

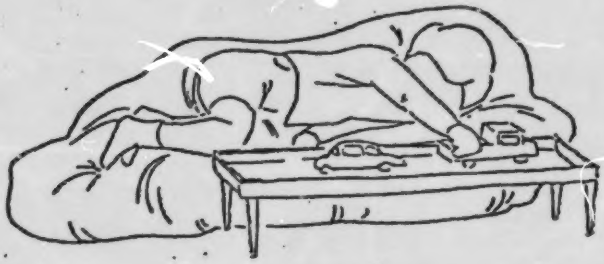
Therapeutic positioning and movement suggestions have been encouraged while has been in Ann Arbor, in hopes of improving his overall body usage, and maintaining, if not improving, his present joint range of motion:

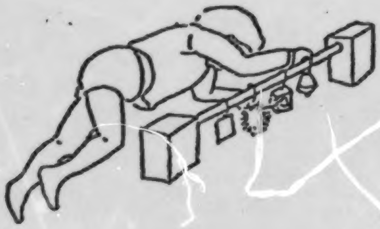
(1) Sidelying and facelying should be encouraged over backlying

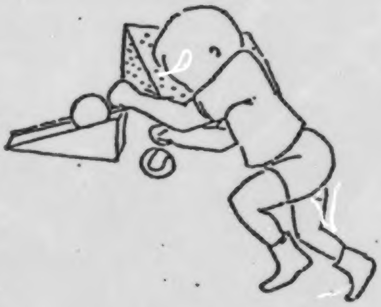
A. Sidelying (particularly on the left side) - pillow under head, lower leg straight, upper leg bent up with arms forward and back rounded (note attached pictures.)

Sidelying





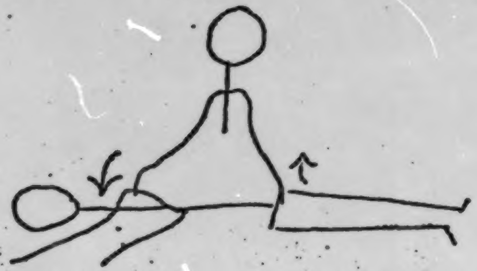




Relaxation Techniques might help to maintain this position with greater comfort.

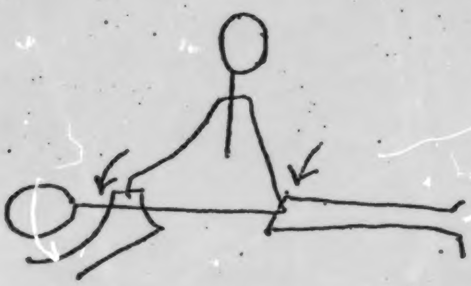
1. While is lying on his side and you are standing facing his back, place one hand on his shoulder and the other one on his hip. Holding firmly, but gently, move

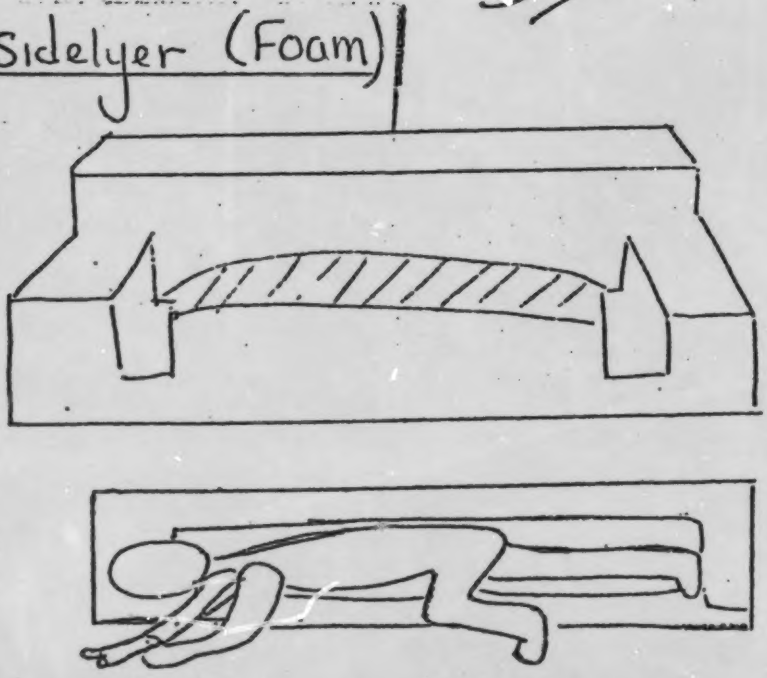
the shoulder in one direction, as you move the hip in the other direction. Continue this process, alternating directions, until you feel him relaxing.



2. In the same position as above, with you hands placed the same way, gently rock forward and back to sidelying until you feel some relaxation of his body.

Note: in either of these techniques, if the legs are scissored it is good to put your hand under the thigh of the upper leg and slowly raise the top leg as you rock.



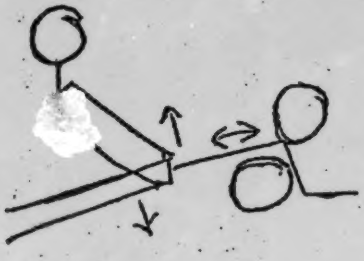


Also see attached description of "Mobile Sidelyer".

Relaxation Techniques (continued)

3. Place prone on the floor, place one hand over each hip and rock his hips gently from side to side. This can also be done lying over a bolster. Again with your hands on his hips, move backward and forward over the bolster and at the same time lift one hip as you move the other one down (rotate the hips).

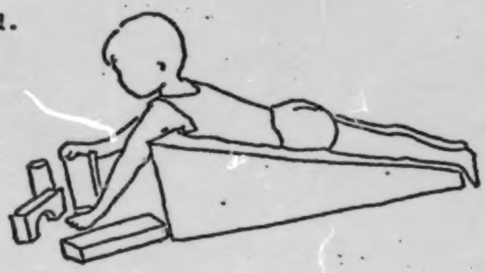
   To relax the shoulders, place one hand over each shoulder and rock his shoulders gently from side to side.



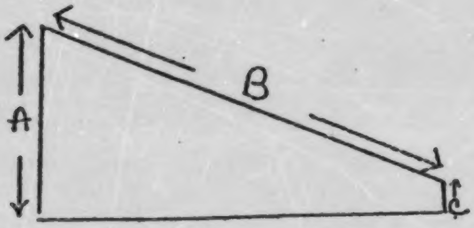
B. Facelying he should be encouraged to prop on his forearms as noted in the relaxation picture. His arms should be as close to his chest as possible, and his wrists and fingers as straight as possible.

   Again, provide objects for him to reach for and handle.

   A wedge can possibly be used.



Wedge:
Construction



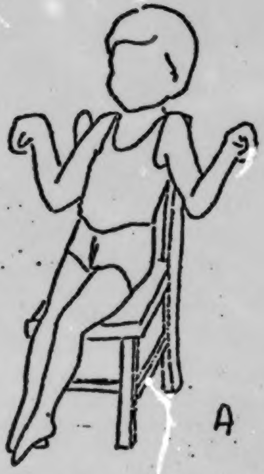
A= axilla (underarm) to wrist
B= axilla to 2" above ankle
C= length of top of foot

Can be made from foam, inflatables, or wood with a layer of foam and a cover of washable material.

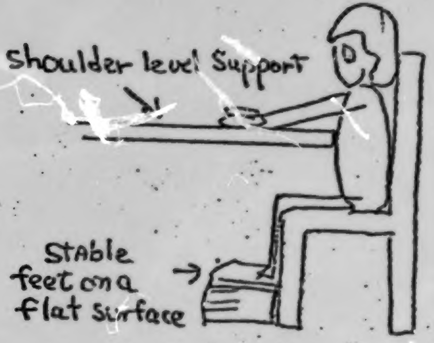
C. Backlying - when is backlying, a pillow should be under his head and his arms should be down by his sides or on his abdomen. His head should be maintained in the midline most of the time, rather than turned to one side or the other.

(2) Rolling in bed or on the floor should be initiated at his hips and legs rather than by his head. Rolling from his back to his front, his arms should be stretched up overhead.

(3) Encourage sitting as in picture B. The table can be waist level for . has often been noted to sit as in picture A.



A

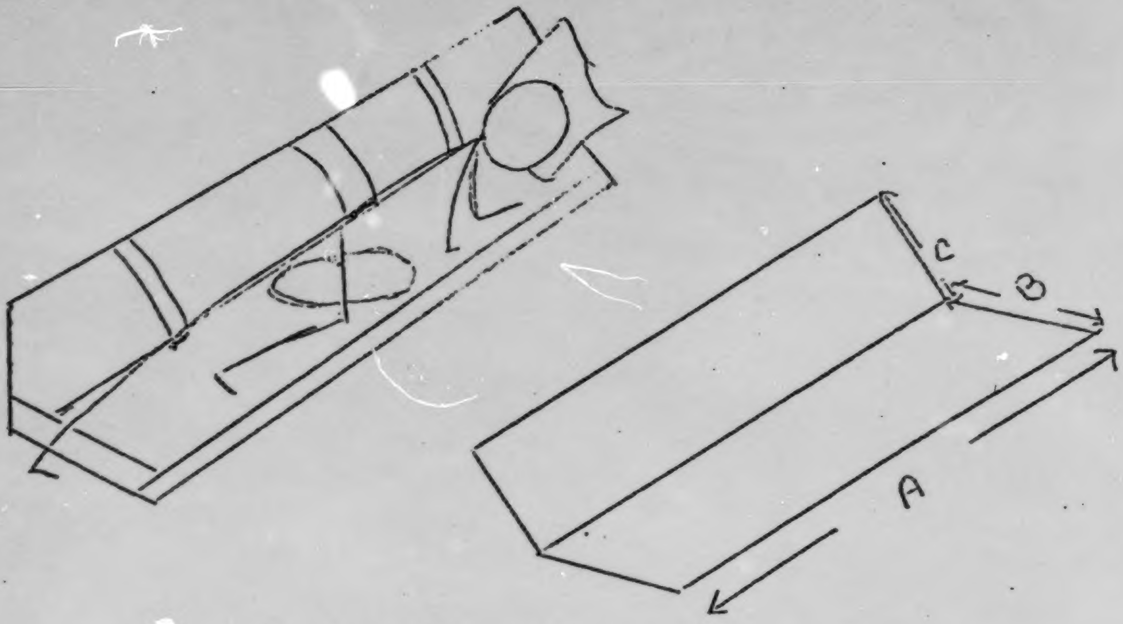

Shoulder level Support
Stable feet on a flat surface

B.

A. When possible, talk to from the left side and present material to him from the left. This will discourage excessive head turning to the right.

(4) Encourage wheelchair propelling with pre-planning soe he doesn't bang into walls or doorways.

MH:tw
6/80



Cut 2 boards using 1.3 cm plywood

A = length of child from top of his head to heel when fully extended + 10.1 cm

B = Bend child's knee to 90°, measure distance from behind his back to in front of his knee + 12.7 cm.

C = 1/2 B

3 straps with Velcro sewn onto the ends. the Center strap should be at least 10.1 cm wide. Straps, made from webbing should be firm, but not coarse.

Prior to fastening the boards together, staple or nail the straps to the edge that will be joined. the Center strap should be in the middle, and the end straps, only one in use at a time depending on which side the individual is lying, should be in the center of each half.

Glue and nail the two boards together and reinforce with angle irons.

Pad and cover with vinyl. add Velcro to back side of vertical board in a position to receive each Velcro strap.

Institute for the Study of Mental Retardation and Related Disabilities

Therapy Report

5/6/80 to 6/5/80
Janet A. Nevells, Evaluator
Therapy Type: Individual
Total number of hours: 10

I. Background Information and Initial performance.

., a 36 year old male, participated in the ten week work adjustment program of the Vocational Training for Cerebral Palsied Individuals Program (VTCPIP) at ISMRRD. In conjunction with this program received speech and language therapy for a five week period, two hours per week.

has spastic quadreplegia and is confined to an electric wheelchair. An initial speech and language evaluation done in April revealed severe spastic dysarthria. speech was judged to be approximately 50% intelligible in context.

The initial evaluation indicated that would be able to benefit from the use of a nonoral communication system. The Blissymbolics system appeared to be the best nonoral communication system to augment communication primarily because reading ability is severely limited. speech sound production evidenced articulatory errors on phonemes on the single word level. Fricative sounds appeared to be the most severely distorted and significancy affected his intelligibility. general speech intelligibility also decreased as utterance length increased.

Based upon these initial findings the following recommendations were made:

1) receive speech therapy while a participant in the VTCPI Program at ISMRRD.

2) Two general therapy goals would include:

   a) to increase speech intelligibility through articulaton therapy

Barbara J Hall
MS CCC-Sp

b) to teach Blissymbolics, non-oral communication system, to supplement his speech and to further increase his overall communicative ability.

II. Therapy Objectives

Four specific therapy objectives were established:

1) Increase speech intelligibility through the establishment of post vocalic fricatives in spontaneous speech.

2) Increase ability to recognize and identify Blissymbols especially pertinent to his environment.

3) Establish the use of word lists indexed with Blissymbols. (identified words and phrases he has difficulty pronouncing and wanted in a notebook. These words were listed by category and a Blissymbol was used to identify the categories since was unable to read the words. was instructed to locate tthe category and use assistance from his listener to locate a specific word on the list.

4) Encourage and help to establish the maintenance of better body posture for speech production.

III. Present Performance

Therapy concentrated on improving speech intelligibility. Initially the production of the post vocalic fricative sounds /s/ and /z/ were established in words and phrases, beginning with direct imitation and progressing to spontaneous productions of the target words and/or phrases. The use of voiced/voiceless cognates was not emphasized during therapy; however, the production of the correct manner and place of articulation was emphasized. At the end of the 5 week priod was able to consistently produce the postvocalic s/z sounds with 100% accuracy in both imitative and spontaneous single word productions. evidenced the ability to use the target sounds in two-word phrases consisting of Blissymbols and/or pictures, in varied combinations, with 90% accuracy (e.g. this car; use knife: where underlined word was Blissymbol).

At the end of ten hours of therapy was able to identify component parts of Blissymbols used to index the word lists in his notebook with 100% accuracy. He could visually identify the Blissymbols and find the correct word list in his binder. Blissymbols used to locate lists of difficult to pronounce words included the symbols for citty, name, work, food, place, tool, holiday, and others. By the end of the five week period evidenced the ability to spontaneously name and identify selected Blissymbols with 75% accuracy.

One therapy objective involved improving body posture so that breath support for speech would be facilitated. The therapist was able to judge, qualitatively, improved speech intellibility when maintained the proper body posture. Initially it was necessary to remind about his posture. After five weeks of therapy was spontaneously using correct posture, although not consistently.

The use of Blissymbols in combination with articulation therapy increased receptivity to learning how to "read" Blissymbols. began to use Blissymbol notebook to help him locate words he had difficulty saying in conversations with his supervisors. It was hoped that further carryover of use of his notebook would develop. has begun to use the post vocalic /s/z/ sounds in his spontaneous speech both during therapy and in other settings.

IV. Summary

a 36 year old person with spastic quadriplegic cerebral palsy, received speech and language therapy in conjunction with the Vocational Training Project for Cerebral Palsied Individuals at ISMRRD. improved his speech intelligibility in both imitative and spontaneous speech during therapy sessions. Therapy targets have begun to emerge in conversational speech outside of therapy. demonstrated the ability to use Blissymbolics as an aid to increasing communicative ability during therapy sessions. Carryover of these techniques outside of therapy has begun. has also demonstrated the ability to improve his body posture which has resulted in increased intelligibility of speech.

V. Recommendations

1) should continue to receive speech therapy

2) Specific therapy goals would include:

    a) Increasing speech intelligibility through the establishment of correct and consistent phoneme productions, specifically the sibilant sounds.

    b) Establish the use of Blissymbols as a supplement to general communicative ability.

    c) Increase intelligibility using stress pattern practice and postural adjustments.

3) Every effort should be made to accomodate therapy schedule to his work schedule.

ON-THE JOB TRAINING AND FOLLOW-UP REPORTS

CP#

ISMRRD INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

The University of Michigan, 130 South First St., Ann Arbor, Michigan 48108

CLINICAL SERVICES EVALUATION REPORT

LOCATION OF EVALUATION County EVALUATION DATE Oct. 27-Nov. 5

DISCIPLINE Vocational Rehabilitation

ON THE JOB TRAINING REPORT

attended the Vocational Technology for Cerebral Palsied Individuals (VTCPI) work adjustment program from March 31, 1980 through June 5, 1980. In August a work experience position was developed for which involved light janitorial duties in a returned to ISMRRD for an additional week of work adjustment training (September 15-18) which focused on training for this position (see addendum to final report). At the conclusion of his program the staff felt that was competent in performing many similar tasks that might be required of him at the library.

began work at the library in on October 27, 1980. A VTCPI staff member provided with 34 hours of on-the-job training from October 27, 1980 through November 5, 1980. To help increase his independence in performing a productive work routine at the library, a modification in job duties and other adaptations were necessary. The following report will outline the training assistance and intervention strategies that were used with in helping him adapt to the work experience position.

SELF CARE SKILLS

is independent in many of his self care needs; however, at the library he encountered difficulties with removing and putting on his coat, sitting up his food for lunch and in obtaining his urinal.

was able to put on and remove his coat, but these tasks were time consuming due to the contractures of his wrists and the size and material of his coat. Hanging up the coat on a hook proved easier than using a hanger, although, many times the coat would slip off the hook. A recommendation was made to the group home to provide with a larger coat of a polyester or nylon material with a loop at the neck for easier handling.

NAME ________ B.D. ________ CP# ________

CASE COORDINATOR Lucy Chin

REPORT BY Penny Snyder Penny Snyder

APPROVED BY SUPERVISOR
OR PROGRAM DIRECTOR Dr. Richard Darnell DATE 11/18/80

ISMRRD Form #2.2.3

uses an urinal for independence in his toileting. Because he was unable to leave the urinal in the library restroom, initially kept it in a pack attached to the back of his wheelchair. Whenever he needed to void, he required assistance in retrieving the urinal. A recommendation on the material and design for a urinal bag was submitted to the Project (a project designed to place and train severely developmentally disabled individuals on jobs in). Project constructed a washable cloth bag that attached to the front of chair for easy accessibility.

bag lunch was prepared daily for him by staff members of the group home. During lunch he encountered difficulties with food wrapped in baggies, tightly wrapped candy, and individually wrapped American cheese. was able to remove the food from these wrappings; however, it was quite time consuming, and many times the food smeared on the table. Potato chips or crumbly cookies resulted in crumbs on the floor that was unable to remove. required assistance in obtaining a straw, a cup of coffee and an extra napkin. He needed reminders to correct his posture and to use his napkin more frequently. The following recommendations were made to the group home for preparing his lunch:

1. Wrap foods in plactic wrap or wax paper.
2. Cut meat, cheese, and fruit into bite size pieces. Avoid crumbly foods.
3. Avoid containers that can't open.
4. Include in his lunch bag extra napkins and a straw.

As these recommendations were implemented, encountered fewer problems during lunch. After counseling, he became aware of his posture and would correct his position without prompts. However, will continue to require assistance in understanding how to maintain an acceptable appearance during meals.

JOB DUTIES

After training at ISMRRD and his janitorial work at , he had become competent in performing many janitorial tasks. Therefore, he did not require training in specific cleaning techniques. The emphasis of on-the-job training was placed on helping to follow an exact work routine to eliminate the need for supervisory direction. The problems he encountered in his work routine were functional problems; i.e., in using new equipment, opening doors, and lifting heavy books.

To clean the sinks, the library used a foaming cleanser which is dispensed through an aerosol can. The VTCPI staff member attached a handle to the can to alleviate problems with gripping. However, was unable to maintain the can in an upright position. A powder cleanser was then provided for use in cleaning the sinks. The handle attachment was affixed to this can which improved his ability to pour small amounts and minimized dropping the can.

The cleaning supplies at the library were kept in a janitor closet. The door knob to the closet was a stainless steel ball that made gripping the knob difficult for . A rubber door knob extender was fitted to the door to eliminate this problem.

Initially, was to clean the staff lounge as one of his job duties. This proved to be a very difficult task due to the inaccessability of the sink, the heavy chairs surrounding the tables, and the time frame in which he was to perform the work. After a discussion with the employer and supervisor, was assigned the task of withdrawing books. This job involved stamping and stacking books on a cart. required three hours training time in learning the task. Modifications in the job set-up were made to minimize lifting of the books and the amount of supervision required. Although was able to perform this task productively, he may need to assume other job responsibilities. Since this task is dependent on the periodic supply of books to be withdrawn from the library.

CONCLUSION

was able to perform all of his job duties and was very motivated to remain working at the library. However, it was felt that he would need additional training and assistance with job set-up should there be a change in his work routine. The Project was contacted to provide with any additional training or local support he might need. In addition, they will see that the recommendations made to the group home are implemented. The VTCPI staff will continue to contact , the employer, and the Project on a peridoic basis for a three month follow-up period. There will also be three formal employer evaluations, utilizing monthly reports, which will be discussed with and forwarded to the Bureau of Rehabilitation counselor.

CP#

ISMRRD

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

The University of Michigan, 130 South First St., Ann Arbor, Michigan 48108

CLINICAL SERVICES EVALUATION REPORT

LOCATION OF EVALUATION ISMRRD EVALUATION DATE March 30, 1981

DISCIPLINE Vocational Technology for Cerebral Palsied Individuals

Follow-up Report

began work at the County Library on October 27, 1980. A staff member of the Vocational Technology for Cerebral Palsied Individuals Project (VTCPI) provided with 34 hours of on-the-job training from October 27, 1980 through November 5, 1980. During this period, the Project (a project designed to place and train severely developmentally disabled individuals on jobs in the Monroe) was contacted to provide with any additional training or local support he might need.

VTCPI staff made periodic contact with , the supervisor, and the Project to follow up progress on the job. In addition, there were three formal employer evaluations (see enclosures) made by supervisor, The following section will summarize the information received during follow up contact with the Monroe Project and supervisor.

Work Behaviors

has remained highly motivated on the job. His attendance and punctuality have been regular. only absences were due to a malfunction of his electric wheelchair. When these absences occurred, he consistently called in, keeping the library informed as to the status of his chair.

became cognizant of his appearance at work. As a result noticeable improvements were observed in his grooming and his appearance during lunch.

Work Performance

After initial skill acquisition, continued to increase his competence and speed in his job duties at the library. He was able to follow directions and required minimal supervision. He also demonstrated flexibility when changes were made in his work routine. In addition, determination and pride in his work has earned him respect from the library personnel.

NAME B.D. CP#
CASE COORDINATOR Lucy Chin L. Chin
REPORT BY Penny Snyder Penny Snyder
APPROVED BY SUPERVISOR OR PROGRAM DIRECTOR Richard Darnell DATE 3/30/81

Conclusion

As of March 30, 1981 VTCPI staff will be closing case. It is felt by the VTCPI staff that the position at the library has been a very positive growth experience for Although ISMRRD will not be actively involved in his case, we hope will feel encouraged to utilize the VTCPI training staff as a resource for any vocational needs he may have in the future.

Work Evaluation Report

County Library

Employer Employee

The Employee:	Always	Almost Always	Average	Below Average	Seldom
			Work Period		
1) Maintains interest in job.	X				
2) Demonstrates initiative.	X				
3) Follows directions given by the supervisor.	X				
4) Accepts constructive criticism from the supervisor and takes appropriate action.	X				
5) Accepts flexibility in job assignments.	X				
6) Exhibits reliability.	X				
7) Gets along with supervisor and fellow workers.	X				
8) Is aware of his/her basic job duties.	X				
9) Demonstrates appropriate neatness, dress and manners.	X				
10) Has necessary stamina to perform his/her job until completion.	X				
11) In the estimation of the job supervisor, the employee is working to the best of his/her ability.	X				

Attendance: X regular ___ irregular Punctuality: X regular ___ irregular

Additional comments on overall performance. is doing great. He is always eager to work and enjoys what he is doing. We're glad to have him

This evaluation has been discussed with the employee X yes ___ no

APPENDIX 2-12

WORKSHOP SUPERVISION MANUAL

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND
RELATED DISABILITIES

UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS
WORKSHOP SUPERVISION MANUAL

DEVELOPED AND WRITTEN BY

SHER PAZNER BAKER
PROJECT ASSOCIATE

AND

LIZA PORTER TROJAN
RESEARCH ASSISTANT

DECEMBER 1980

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CHAPTER I

INTRODUCTION

A. PROJECT PHILOSOPHY

When a client is accepted into the Vocational Technology for Cerebral Palsied Individuals (VTCPI) Program, they begin an individualized vocationally oriented skill training program in the VTCPI workshop. Before describing specific training techniques utilized in the workshop setting, I think it is important to outline our general supervision philosophy. It follows the consistent "success-oriented" approach begun in training. Basically, it is a behavioral approach in which we reinforce those behaviors that we want to see happen again, while literally ignoring undesired behaviors (the only exception being that we do not ignore behaviors which may cause physical harm to another worker or staff).

Specific work tasks to be worked on in the workshop are planned on a weekly basis by the VTCPI staff and workshop supervisors are trained on these tasks prior to clients working on them. Examples of various tasks can be found in the "Work Sample Section" of this manual.

B. JOB RESPONSIBILITIES OF WORKSHOP STAFF

Job responsibilities of the VTCPI workshop include:

1) Assisting staff in implementing vocational training and/or behavioral programs (e.g. collecting data; monitoring maladaptive behaviors; supervising client work performance and production rates; and providing primary relief when senior staff is away from the workshop),
2) Providing physical care to cerebral palsied adults (e.g. feeding and toileting assistance),
3) Training clients individually on work tasks, and
4) Facilitating clients' group interactions via community and social activities.

In addition to the above mentioned responsibilities, the following client behaviors are continually being reinforced by the workshop staff:

1) Upon entering the work environment, hang up street clothes and proceed to the work station.
2) Secure clipboard and counter from workshop supervisor.
3) Produce the assigned simulated task without error.
4) Attend to the assigned simulated task without error.
5) Switch tasks on command.
6) Signal parts shortages or other assembly problems by raising hand.
7) Return immediately to the work station after five minute morning and afternoon break periods.
8) At lunch time proceed immediately to the lunch room and return to the work station at the end of the lunch period. When scheduled for supportive services (speech, counseling, etc.), proceed immediately to the appropriate clinic area and following services, return immediately to the work station.
9) At the end of the work day, stop work and prepare for departure.

CHAPTER II

WORKSHOP TRAINING TECHNIQUES AND STRATEGIES

The following are descriptions of specialized training and techniques and strategies utilized in the workshop setting:

A. MODELING

Supervisors should always model appropriate work behavior in the workshop setting. Although supervisors will not actually be on the bench and performing tasks, they will be attending to their own tasks such as collecting data, bicycle brake disassembly, etc.

B. PHYSICAL PRIMING

This is a technique whereby the supervisor or trainer physically manipulates the client's fingers, hands, arms, etc. to complete the desired task. Priming should not be too gentle or too rough. It should not be thought of as either positive or negative reinforcement to the client, but rather as a means of instruction.

C. POSITIVE REINFORCEMENT

In supporting the Project Philosophy that clients with a low expectation of success do not respond well to negative reinforcement, the usage of negatives in vocational training is completely eliminated. Non-productive behavior is ignored by supervisors unless it is disruptive at which point the supervisor should ask the client if he would like to leave the room. If the disruptive behavior continues, the client will be removed from the workshop setting until he is ready to resume productive work. Supervisors should reinforce only on-task, productive behavior. Examples of positive reinforcement are: "good job," "I am glad to see you are paying attention to your work," etc.

D. OTHER SHAPING PROCEDURES

To obtain high rates of production, low error rates, and compliant behavior, the staff employs the use of timers, contingency contracts, and goal setting.

E. ENVIRONMENTAL ENGINEERING

Due to the perceptual and motor involvement of cerebral palsied individuals, job site modifications need to be implemented quite frequently. Examples of modifications include adjusting a work station to accomodate a wheelchair or rearranging the layout of a task so it is within reach of the worker.

CHAPTER III

WORK TASK SAMPLES

While in the workshop the following are examples of tasks clients receive training on:

A. FILING BIBLIOGRAPHY CARDS

A set of index cards would be given to a client to file in a box. Instructions would be given as to the proper filing procedures (e.g., by last name, number, etc.).

B. TYPING

The client is presented with a set of typing cards to type. Emphasis is placed on speed and accuracy.

C. RECORDING MESSAGES

Various messages would be recorded on a tape recorder. The tape would then be played back and the task would be to record the message.

D. QUALITY CONTROL

The client is presented with a set of various sizes of pipe clamps. One size is used as the model and the other sizes are to be sorted according to if they are alike or different from the designated model.

E. FLASHLIGHT ASSEMBLY

The flashlight is an eight piece assembly which utilizes task analysis training procedures. Once training is completed, a client would work independently on this task.

F. BICYCLE BRAKE ASSEMBLY

This task is a fourteen part assembly of a bicycle brake which is also first taught using a task analysis approach. The task is to assemble these components in the correct order to assemble the entire brake.

G. PROGRAMMABLE VIDEO TASK TRAINING (PVTT)

This is a task designed so that all clients, no matter how severe their physical disability, could perform it. The task involves following a target across a display screen and subsequently intercepting the target with a cursor. In order to insure a failure-free learning task, the trainer has the capability to override the control unit.

CHAPTER IV

PRODUCTION MATERIALS

A. PRODUCTION CLIPBOARD

Each client has his own production clipboard on which is attached an individual supervision plan and a daily production graph for each task as well as an on-task behavior sheet. The following are detailed descriptions of these production materials:

Individual Supervision Plan - outlines procedures and methods to be used in tasks as well as the times when a client is to work on specific tasks. These plans change on a weekly basis so it is therefore imperative that they be reviewed ahead of time by the workshop staff (see Appendix A).

Daily Production Graphs - these graphs provide visual illustrations on production rates. Production is tabulated on a half-hour basis and production sheets are marked at that time. It is important to keep this sheet as the top sheet on the production clipboard so that clients are continually aware of their production rates throughout the workday (see Appendix B).

On-Task Behavior Sheet - indicates whether a client is on-task while in the workshop. On-task refers to work tolerance, specifically a client being at their work station and working in a productive manner. Thus, when a client is paying attention to his work, he is considered being "on-task." This on-task behavior is recorded every ten minutes that a client is working on a job while in the workshop by the workshop supervisor. Maintaining at least 95% on-task behavior is a primary goal for all clients in the workshop (see Appendix C).

B. PRODUCTION FOLDER

The production folder is a compilation of all production data. A weekly production rate is graphed on a weekly cumulative production graph (see Appendix D) and placed with graphs of previous weeks, giving a detailed indication of client progress. At the front of each folder is a master data sheet which lists the average production rates for each week (see Appendix E) of all tasks the client is receiving training on.

CHAPTER V

COMPUTING WORKSHOP DATA

A. MINUTES IN THE WORKSHOP

For daily minutes in the workshop, add all the dots and squares from the on-task sheet and multiply the total by ten. Divide the total by 60 to get hours. To compute the weekly total, add all the daily totals and divide by 60 to convert into hours and round off to the nearest percentage (e.g. 96.1% = 96%). These figures are required to compute the base incentive wage of $.40 per hour (see Appendix F).

B. DAILY AND WEEKLY ON-TASK BEHAVIOR

On-task behavior is recorded every ten minutes that a client is working on a job while in the workshop. In addition, each task a client is working on during the day is entered on the task section across from the corresponding time. When a client is attending to their work (working in a productive manner at their work station), this is recorded by a dot (.) on their daily "on task" record. When a client is not attending to their work (being "off-task"), a box (□) symbol is recorded on the daily "on-task" record. A citation is also made on this record as to what the specific "off-task" behavior was.

To compute daily and weekly overall on-task percentages, divide the total number of dots by the number of possible dots each day. Multiply this total by 100. This will give you the daily on-task %. For computing weekly on-task, add all four percentages for the week and divide this total by four. If the client was only in the workshop for three days then the total is divided by three, etc. (see Appendix F).

C. AVERAGE HOURLY PRODUCTION RATES

To compute the average hourly production rate, add only those production totals achieved in thirty minute segments. Divide this total by the number of thirty minute segments and multiply by two (see Appendix G).

D. TYPING WORDS PER MINUTE

Typed words per minute are computed the same as average hourly rates; except one divides the last total by 60.

E. SORTING AND ACCOUNTING TASKS

Divide the total number correct by the number of possible correct and multiply the total by 100. For weekly % correct, add all the percentages for that task for the week and divide by the number of percentages (same as for weekly on-task).

F. OTHER TASKS

For calculating other tasks, refer to individual supervision plan for specific instructions.

CHAPTER VI

WORKSHOP POLICIES

A. VIEWING GROUP COUNSELING*

Group counseling can be viewed by supervisors under two provisions:

1) Supervisors must be quiet and inobtrusive when viewing group counseling so that clients are not aware that people are monitoring their sessions, and

2) Supervisors must not talk to clients about matters that go on during group counseling unless a client brings something up. If they do this then it is advisable to refer them back to their counselor. Clients are not aware that they are being monitored so it is especially important to protect their privacy by not discussing what goes on during the session.

B. SUPERVISOR BEHAVIOR

Since modeling is used regularly in this program (see modeling discussed in the "Workshop Techniques" section), it is very important for supervisors to model positive work behavior. All food consumption, coffee drinking, and quiet talking should occur in the supervisor's area or in an outside room away from the workshop.

C. VISITORS

Visitors are welcome in the workshop. However, they must be quiet observers and not talk with or distract the clients in any way. Since the workshop is a controlled setting with an emphasis on clients being good and productive workers, it is important that the standards of the workshop be constantly maintained. It is the supervisor's responsibility to make visitors aware that these are the provisions under which people can visit the workshop.

---

*The same procedure applies for viewing other therapies (e.g. speech, physical therapy, etc.).

CHAPTER VII

MISCELLANEOUS ITEMS

A. SCHEDULES

Keeping a shop schedule of who is assigned to monitor the workshop during the week. This must be completed and posted at the beginning of each week. A supervisor must be on duty at all times! This procedure serves two purposes; 1) to keep track of employee hours, and 2) to indicate who is responsible for monitoring the shop at any one given time (see Appendix H).

B. MENUS

Menus are written down on a weekly basis and posted. An attempt is made to include nutritious foods as well as specialized foods which may be required by individual clients. Supervisors are also responsible for food shopping, preparation, and clean-up (see Appendix I).

C. THERAPY LOGS

A supervisor is responsible for distributing therapy logs to disciplines to fill out after they have rendered a therapy to a client during the workshop time. The log should [illegible] went on in that session and suggestions of what could be done in [illegible] the client in regards to his special therapy (see Appendix J).

D. RESIDENTIAL LOGS

For those clients partaking in the residential program, a log is sent with them to the residential setting in the evenings. Supervisors should read logs on a daily basis and correspond in them when it is appropriate for them to communicate with the residential staff. An example of an appropriate correspondance would be informing the residential attendant of a particular client need which was evidenced during the workday (see Appendix K).

E. DIAL-A-RIDE INFORMATION

Dial-A-Ride is the primary means of transportation used by our clients. Supervisors are responsible for securing client transportation to and from the workshop each day.

Procedures for Scheduling:

1. Reserve Dial-A-Ride one day in advance.
2. Confirm the trip between 3:00 p.m. and 5:00 p.m. for the following day.
3. Schedule the trip for Monday on the Thursday before and confirm this trip on the Friday before from 3:00 and 5:00 p.m.
4. In order to secure a standing order, this above procedure must be followed for two weeks before a standing order can be established.
5. For Out-County Dial-A-Ride, fifty cent coupons are used. Two coupons are required for each trip.
6. For In-County Dial-A-Ride, thirty-five cent tokens are used. One token is required for each trip regardless of transfers involved.

Dial-A-Ride Phone Numbers:

In-County Dial-A-Ride	973-1611
Out-County Dial-A-Ride	971-4114

CHAPTER VIII

EMERGENCY PROCEDURES

A. EMERGENCY PHONE NUMBERS

Ambulance	123
Dr. Winston	995-0303

(If Dr. Winston is unavailable, his associate, Dr. Andries, will take the call.)

B. PROCEDURES

At ISMRRD:

a. Call Reception to announce Medical Emergency and call ambulance and Dr. Winston.

b. Call Project offices to notify Project Staff and to ensure coverage of other clients.

c. Accompany client to appointed place (St. Joseph's Hospital) for Dr. Winston.

d. Registration and charges are applied to client's Medicaid (or other health insurance) card.

e. Record incident in client log.

Outside ISMRRD:

a. Call ambulance.

b. Call Dr. Winston re: where to meet him.

c. Call In Charge Designate to notify (before or after arrival at hospital depending on your responsibilities for client care and safety).

d. Accompany client to appointed place (St. Joe's).

e. Call back-up attendant to cover other clients - if In Charge Designate has not agreed to do so.

f. Apply Registration and charges to client's Medicaid (or other health insurance card).

g. Record incident in log.

C. FIRST AID KIT

There is a fully stocked First Aid Kit in the supervisor's bottom right hand desk drawer at all times. Supervisors should become familiar with the location and contents of this kit in the event that they may need to use it.

D. EMERGENCY FORMS

Each client in the workshop should have an emergency form in the workshop. This form states who should be notified in the case of an emergency and what kinds of medication the client is taking. It is important for supervisors to review these forms in order to be aware of any medical problems a client may have (e.g., seizures) or medications taken. Supervisors may assist clients in taking their medication if warranted by the VTCPI staff. (See Appendix L).

E. WHAT CONSTITUTES AN EMERGENCY

Does:

1. Any failure of breath, heart beat, or pulse requiring CPR.
2. Unusually prolonged or frequent seizure activity or seizure without previous history.
3. Unconsciousness, for any reason.
4. Severe fall, cut, or burn which cannot be treated by simple first aid.

Does not:

1. A seizure with a history of seizures, with anti-convulsant medication.
2. Diabetic symptoms without unconsciousness.

F. STAFF TRAINING

1. All Project personnel are trained in CPR, mouth-to-mouth resuscitation, seizure care, choking care, and general first aid (falls, cuts, burns).
2. All Project personnel are required to log and keep written records of unusual incidents or accidents in the client's log.

CHAPTER IX

APPENDIX LISTINGS

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APPENDIX A

V.T.C.P.I. INDIVIDUAL SUPERVISION PLAN

Client David R.

Date: 1-30-80
Terminal Goal: David will increase his production to 30 units per hour.

Date: 1-9-80
Present Behavior: David produces 20 units per hour.

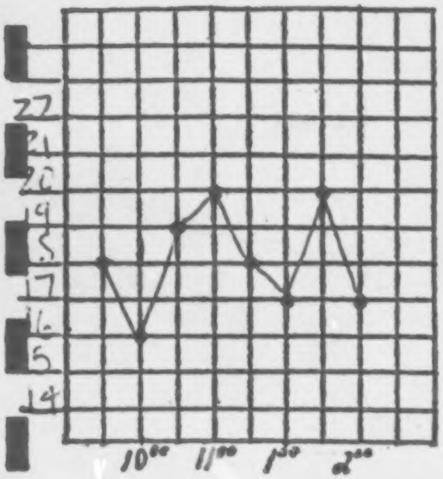
OBJECTIVES	METHODS	STATUS
1. David will produce 24 units per hour.	a) Every 1/2 hour give David 12 bases to produce & instruct to finish by ___ o'clock. b) Reinforce when successful. c) Have David hit counter after each assembly & place finished unit in bin. d) Record production every 1/2 hour on daily production graph. e) Record below each time David was successful in completing 12 brakes in 1/2 hour. ✓- completed 12 x- did not complete 12	

M	T	W	T
x	x	x	✓
x	✓	✓	✓
x	✓	✓	✓

V.T.C.P.I.
DAILY PRODUCTION GRAPH
APPENDIX B

Client John X.
Date 8·22 – 8·25

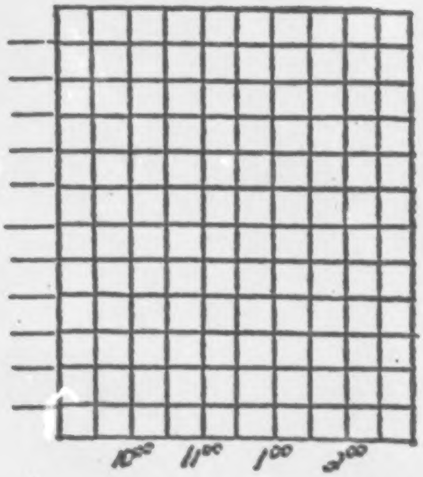
TASK stuffing/Collating



18
16
19
20
18
17
20
17

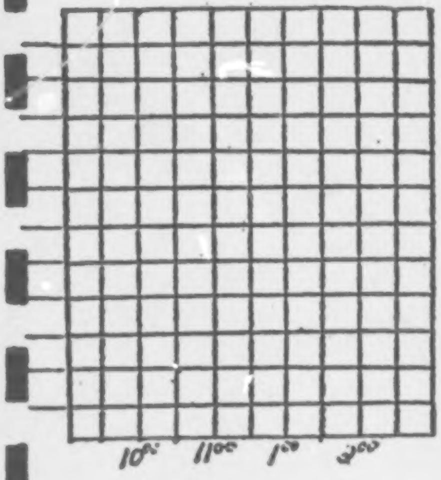
145 **TOTAL**

MONDAY



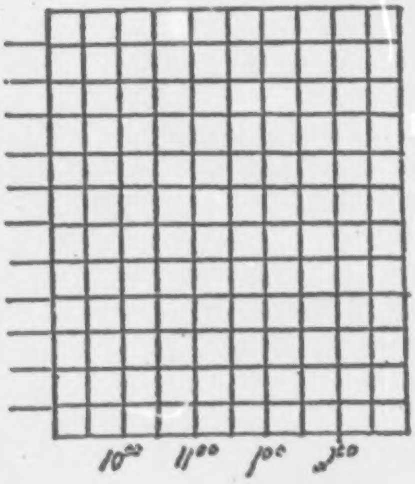
TOTAL

WEDNESDAY



TOTAL

TUESDAY



TOTAL

THURSDAY

WEEKLY TOTAL ____

PAY ____

AVERAGE HOURLY PRODUCTION RATE ____

APPENDIX C

VTCPI On-Task Record

Client ____________________ DATE ______________

"Off-task" 1^{10}

"On-task" 9^{00}

		TASK		TASK		TASK		TASK
3^{30}	X							
3^{20}								
3^{10}								
3^{00}								
2^{50}	●							
2^{40}	●							
2^{30}	●							
2^{20}	●							
2^{10}	●							
2^{00}	●							
1^{50}	●							
1^{40}	●							
1^{30}	●							
1^{20}	●							
1^{10}	▬							
1^{00}	●							
12^{50}	●							
12^{40}	●							
12^{30}	●							
11^{30}	X							
11^{20}	●							
11^{10}	●							
11^{00}	●							
10^{50}	●							
10^{40}	●							
10^{30}	●							
10^{20}	●							
10^{10}	●							
10^{00}	●							
9^{50}	●							
9^{40}	●							
9^{30}	●							
9^{20}	●							
9^{10}	●							
9^{00}	●							

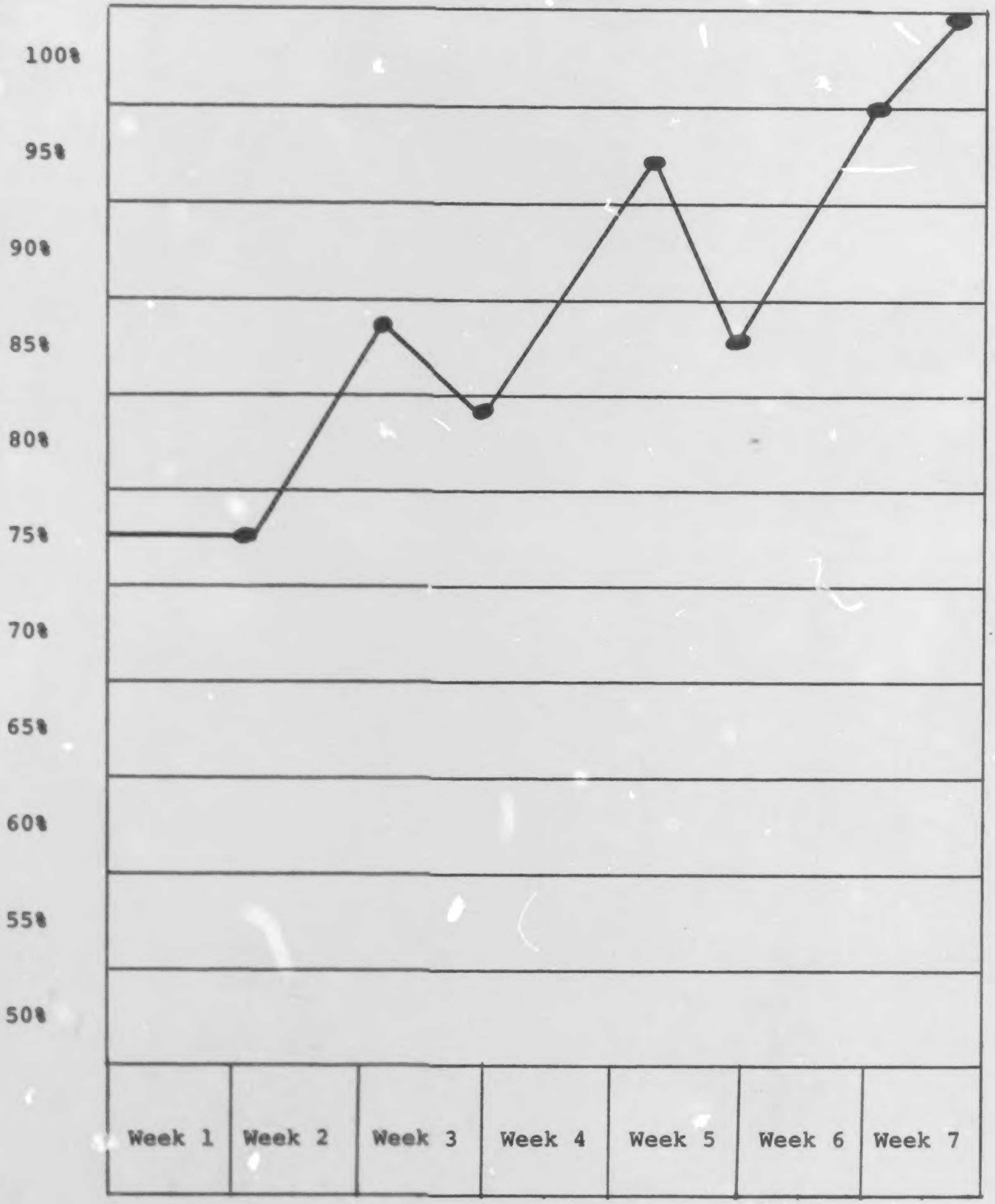
MONDAY TUESDAY WEDNESDAY THURSDAY

%_____ %_____ %_____ %_____ WEEK AVERAGE _______

MINUTES IN WORKSHOP _____ _____ _____ _____ WEEK TOTAL _______

APPENDIX D

WEEKLY CUMULATIVE PRODUCTION GRAPH



APPENDIX E

MASTER CLIENT DATA SHEET

CLIENT

David R.	12/3 12/6	12/10 12/13	12/17 12/20	1/7 1/10	1/14 1/20					
On Task Behavior	85%	90%	87%	100%	100%					
A.H.P.R. Bicycle Brake	24	23	23	28	28					
% Accuracy Quality Control	87%	80%	79%	86%	90%					
Typing WPM	3.5	4.5	6.0	5.5	5.8					

PRODUCTION RATES

DAILY AND WEEKLY
ON-TASK BEHAVIOR SHEET

VTCPI Workshop

APPENDIX F

Client John X DATE 2-20

"Off-Task"

	BEH	TASK	BEH	TASK	BEH	TASK	BEH	TASK
3^{30}	☒							
3^{20}	☒							
3^{10}	☒	Counseling						
3^{00}	☒							
2^{50}	●							
2^{40}	●							
2^{30}	●							
2^{20}	▭	Looking						
2^{10}	●	around room						
2^{00}	☒	Break						
1^{50}	●							
1^{40}	●							
1^{30}	●							
1^{20}	●							
1^{10}	▭	Talking						
1^{00}	●							
12^{50}	●							
12^{40}	●							
12^{30}	●							
11^{30}	☒	Lunch						
11^{20}	●							
11^{10}	●							
11^{00}	●							
10^{50}	●							
10^{40}	●	Typing						
10^{30}	☒	Break						
10^{20}	●							
10^{10}	●							
10^{00}	●							
9^{50}	●							
9^{40}	●							
9^{30}	●							
9^{20}	●							
9^{10}	●							
9^{00}	●	C. A.						
	MONDAY		TUESDAY		WEDNESDAY		THURSDAY	

"On-Task"

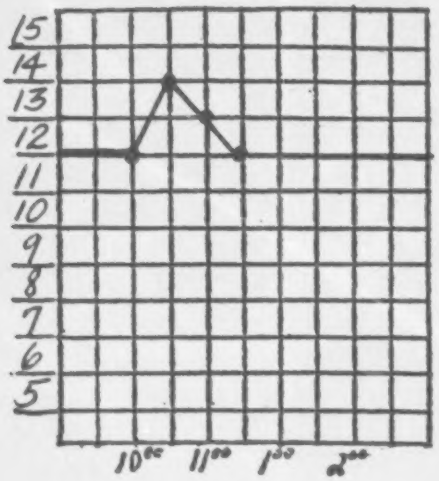
% 93% %___ %___ %___ Week Average_____

MINUTES IN WORKSHOP 280 ___ ___ ___ Week Total _____

* To compute weekly average - add all days in workshop and divide by that number.

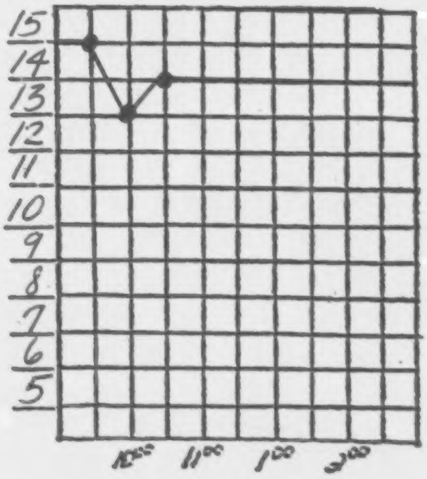
V.T.C.P.I.
DAILY PRODUCTION GRAPH
APPENDIX G

Client D.R.
Date 1/14 - 1/17
TASK CHRYSLER ASSEMBLY



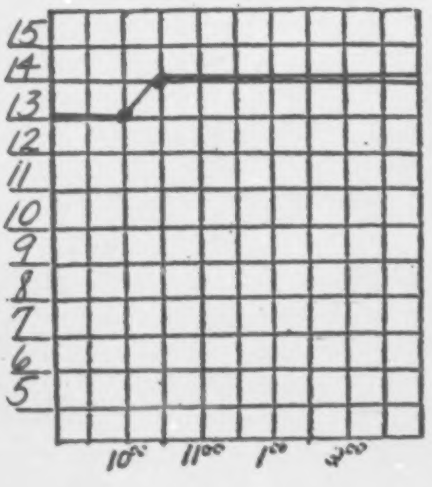
12 (30')
14 (30')
13 (30')
12 (30')
51 TOTAL

MONDAY



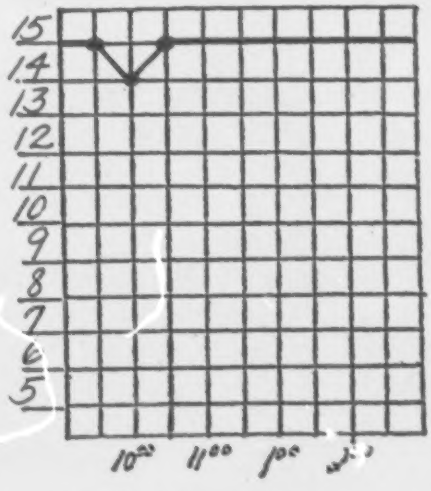
15 (30')
13 (30')
14 (30')
42 TOTA

WEDNESDAY



13 (30')
14 (30')
5 (10')
32 TOTAL

TUESDAY



15 (30')
14 (30')
15 (30')
10 (20')
54 TOT

THURSDAY

FORMULA FOR CALCULATING HOURLY RATE -

ADD UP TOTALS OF ALL 30 MINUTE SEGMENTS AND DIVIDE BY THAT NUMBER OF SEGMENTS AND MULTIPLY BY 2 TO FIND AVERAGE HOURLY PRODUCTION RATE. EXAMPLE: 164 ÷ 12 = 13.66 × 2 = 27

WEEKLY TOTAL 179
PAY
AVERAGE HOURLY PRODUCTION RATE 27.3

APPENDIX H

SHOP SCHEDULES

	M	T	W	TH
8:30 ↕ 10:30	Elizabeth T.	Bill Y.	Elizabeth T.	Elizabeth T.
10:30 ↕ 11:30	Elizabeth T.	Elizabeth T.	Elizabeth T.	Elizabeth T.
11:30 ↕ 12:00	Lunch	Lunch	Lunch	Lunch
12:00 ↕ 12:30	Elizabeth T. and Carol G.	Elizabeth T. Bill P.	Elizabeth T. and Carol G.	Elizabeth T.
12:30 ↕ 1:00	Carol G.	Elizabeth T.	Carol G.	Elizabeth T.
1:00 ↕ 1:30	Elizabeth T.	Elizabeth T.	Carol G.	Elizabeth T.
1:30 ↕ 2:30	Carol G.	Bill P.	Carol G.	Elizabeth T.
2:30 ↕ 3:30	Elizabeth T.	Bill P.	Elizabeth T.	Elizabeth T.

APPENDIX 1

DAILY MENU

DAY# 1	DAY# 2	DAY# 3
Meat Loaf Mashed Potatoes Applesauce Rolls/Butter Peanut Butter Cookies Milk	Tuna and Noodle Casserole Green Beans Rolls/Butter Peaches in Syrup Milk	Out to lunch

DAY# 4	NOTES
Hamburgers with Cheese on a bun Creamed Corn Oranges Cookies/Ice Cream Milk	David R. Would prefer baked potatoes over mashed potatoes. Tuna and Noodle Casserole was well-liked by everyone. No one likes green beans too well.

APPENDIX J

V.T.C.P.I. THERAPY LOG

CLIENT: ______________________ DISCIPLINE: ______________________

DATE	TRAINING/TREATMENT OBJECTIVE	PERFORMANCE	MODIFICATIONS	# GROUP/ INDIVIDUAL	AMT OF TIME	SIGNATURE
12/6/80	To find out what foods David R. likes & include them in a more nutritious & well-balanced diet.	David was very responsive to questions about foods he likes. He seems to have a real aversion to most fruits & vegetables. He basically seems to enjoy meats & bread. We will continue exploring this next week when we meet.	A possibility would be to disquise vegetables in stews or meat soups to assist in him getting more of the vegetable products that he needs.			

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

CP#

DATE	LOG NOTES	YOUR NAME
1/20/80	Erin William asked if he could obtain a newspaper this evening to see what is showing at the movie theatres. He is hoping to go tomorrow evening if he can find a show that he would like to see. Please encourage him to arrange this.	George
	William had a busy evening. He went with me to get a paper after arriving at the dorm. He looked for a movie and found one that he would like to see tomorrow evening. We will need some money for this. After dinner we went to play ping-pong in the lounge and then to the library to check on some books. William had some homework from the shop and he was doing that when I left at 10:00 p.m.	Erin

APPENDIX L

ISMRRD

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

CP#

The University of Michigan, 130 South First Street, Ann Arbor, Michigan 48109

EMERGENCY FORM

Name: William M. Street: William's Street City: Ann Arbor

State: Michigan Zip Code: 48104 Phone No.: William's phone number

A. Person to be notified in case of emergency:

Name: Parent/Guardian/etc. Phone: Their phone number

B. Physician's name: Dr. David Winston and/or St. Joseph's Mercy Hospital

address: Ann Arbor, Michigan

phone: 995-0303

C. Current medications:

1. Name of medication. Dosage: How much? Time: Times it should be taken.
2. ______ Dosage: ______ Time: ______
3. ______ Dosage: ______ Time: ______

D. Does the client-patient have any medical problems? If so, what are they, how often do they occur, what are they like, and how are they treated? (For example, grand mal seizures once a month, treated with daily phenobarbital. Seizures last 1 minute usually and no specific treatment is given.)

Describe any other medical problems.

E. Does the client-patient have any allergies? If so, to what?
List any allergies. Supervisors should especially note any food allergies.

I give permission for ISMRRD staff to seek emergency medical care as needed.

Client: William M.

Parent/Guardian: William M.'s parent or guardian

APPENDIX 2-13

RESIDENTIAL ATTENDANT MANUAL

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS PROJECT RESIDENTIAL ATTENDANT MANUAL

written by

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APRIL, 1981

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS

Project Objectives

- Develop a cooperative relationship with State Bureau of Rehabilitation, state/local affiliates of the United Cerebral Palsy Association, and other community agencies
- Demonstrate a model of prescriptive, not predictive, services essential to assessment and vocational adjustment of adolescents and adults with cerebral palsy
- Develop a needs assessment of the job development, post-employment, and other community services necessary to enhance the functioning of the adolescent or adult in the community

RESIDENTIAL ATTENDANT
MANUAL

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CHAPTER 1

INTRODUCTION TO RESIDENTIAL PROGRAM

The Residential Program is based at South Quadrangle on the University of Michigan campus and is open to all program participants who live outside the Ann Arbor area and/or desire an independent living experience. The location of the program on campus provides the clients with the opportunity to attend and participate in many events both at the University and in the community.

Previous clients in the project have enjoyed visits to the fire station, police station, the Ann Arbor airport, and other places. One client attended a four-day long poetry workshop. It is important for clients to let the project staff know about their interest area so that the staff can assist them in finding evening activities that will enhance their program here.

When a client arrives on Monday, they should seek out a calendar of events to see if there are any activities that week which particularly interests them and try to make plans to attend.

CHAPTER 2

JOB DESCRIPTIONS

Responsibilities

As a residential attendant, you play a large part in a client's program. Not only are you there to help implement social and vocational goals, you are also a friend to offer support and guidance. The following is a job description outlining an attendant's responsibilities:

- Providing physical care to cerebral palsied adults; i.e. feed, dress, bath, and toilet the clients.
- Facilitating clients' group interactions via community and social activities.
- Assisting project in implementing vocational training and/or behavioral programs.

CHAPTER 3

TRANSFERRING

A. Basic Principles*

Prior to transferring a client, you should be well aware of certain basic principles:

1. Do not be in a hurry. Give the person adequate time to help himself; be supportive and give assistance as necessary.
2. Make sure the bed or chair will not slide on the floor if the person leans against them.
3. Keep close to the person all the time and reinforce her/him for achievement.
4. Observe the person's reaction - fatigue, respiration.
5. Use good body mechanics.

B. Procedures

To transfer from a wheelchair (without removable armrest) to a straight chair:

1) Pull wheelchair to a 45° angle to straight chair.
2) Lock wheelchair.
3) Lift foot rests and place client's feet on floor.
4) Move client forward in chair so that his weight is away from the back from the wheelchair.
5) Have client reach with one hand to the arm of the straight chair or for edge of the seat. Stand in front of client and support her/him under the arms.
6) Have patient throw his weight over his knees, pull with his arms, and rotate his buttocks so that he can sit down safely. Assist as much as

---

*Rehabilitation Procedures, Ben R. Meyer Rehabilitation Center, Cedars of Lebannon Hospital, California.

necessary using good body mehcanics.

7) Have patient move back in the straight chair.

8) After good sitting balance has been achieved, open lock of wheelchair and remove.

9) To go from straight chair to wheelchair, reverse the process.

CHAPTER 4

SOUTH QUADRANGLE DORMITORY

A. Key Personnel

South Quandrangle dormitory's guest room is the facility used for residential programming. Keys to the outside door and guestroom can be obtained from project staff on Mondays and must be returned on Fridays. Housekeeping provides clean lines on a weekly basis. For any additional needs that should arise however, the following key personnel can be contacted:

Mary Antineau Building Director	763-0166
Mrs. Toms Housekeeping	764-0141
East Desk	764-0144
West Desk	764-0149

B. Telephone Policy

There is a telephone installed (763-2764) in the guestroom. This is to be used for local community and university calls only! All other calls must be made at pay telephones which are located on the rightt of the top of the West side ramp on the first floor.

CHAPTER 5

RECREATIONAL AND SOCIAL EVENTS

A. Publications

The majority of the events available in Ann Arbor are listed in various publications that are readily available at the University or campus stores.

The University Record is a free publication available weekly, each Monday during the academic year except holidays; bi-weekly April through August. It is generally found in most University buildings, including ISMRRD. The University Record calendar has listed meetings, lectures, concerts, movies, and sporting events for each week. While most of the events are free, some have an admission charge.

The Alchemist of Ann Arbor is a free publication available each month in various locations in the community, bookstores, restaurants, and drug stores. It contains various articles about people and places in Ann Arbor and contains a monthly arts and entertainment calendar as well as a community calendar.

The Ann Arbor Observer is also a free publication that is published each month except August. Interesting articles appear each month about some of the local people, business, and traditions in the area. The comprehensive monthly calendar lists community events and also has a separate listing for galleries and exhibits as well as music at local night spots.

The Sunday edition of the Ann Arbor News carries a comprehensive listing of events for the week.

B. Maps

Maps outlining the city of Ann Arbor, Central Campus, and North Campus can be found in Appendices A - C.

C. Museums

Museum of Art - South State and South University - 764-0395

This collection includes medieval and early Renaissance pieces, European art from the Renaissance to the present, American works and Asian Art. In addition to this collection, special exhibits are featured periodically and are posted in front of the building. Free admission, Monday-Saturday; 11:00 a.m.- 5:00 p.m., Sunday; 1:00-5:00 p.m.

Kelsey Museum of Ancient and Medieval Archeology - 434 S. State - 764-9304

This museum includes artifacts retrieved in the University's excavations in the Mediterranean and Near East. Exhibits feature textiles, household items, glass, inscriptions, building materials and pottery from past Egyptian, Greek, Roman and Islamic Civilizations. Free admission, Monday-Friday, 9:00 a.m. to 5:00 p.m.

Stearns Collection - Stearns Bldg., Baits & Broadway, North Campus - 763-4389

A large number of old and rare musical instruments are displayed with information about their history and use. Monday-Friday, 1:00 to 4:30 p.m.

Exhibit Museum - 1109 Geddes - 764-0478

Exhibits in this museum include the Hall of Evolution, displays in Michigan plant and animal life, mineral and biological displays and glass cases with scenes of American Indian life. There is also a planetarium in this building. Free admission, Monday-Saturday; 9:00 a.m. to 5:00 p.m., Sunday; 1:30 to 5:30 p.m.

Kempf House - 312 South Division - 761-4510

This is a house that was built in 1854 and is an excellent example of Greek Revival style of architecture and is now owned by the Ann Arbor Historical Commission. Free admission. Call to see when the house is open.

Hands-on-Museum

Soon to open is the Hands-on-Museum, which will be located in the former Central Firehouse on E. Huron near Fifth. At present the museum has a traveling exhibit which is shown at various locations in the community.

D. Recreation Outdoors

There are a few places around town for people who like to be outside. The Nichols Arboretum is a popular walking area in both summer and winter. It has entrances on both Geddes Road and Washington Heights.

Saginaw Woods is a similar forest preserve for walking. It is located outside the city on Liberty Road just past Wagner Road.

The University's Botanical Gardens have well-marked hiking trails and a large greenhouse display. The gardens are located at 1800 Dixboro Road and are open Monday-Friday, 9:00 to 4:30. The greenhouses are not accessible to wheelchairs.

There are also four nice parks on the river - Island Park; between north and central campus on Island Drive, Delhi Park; on Huron River Drive, Argo Park; at the foot of Longshore Drive, and Gallup Park; located at Geddes Road and Huron River Drive.

E. Music

Almost daily recitals are offered by the School of Music, usually free of charge. Many of these recitals are given by professors in the School of Music, or by students as part of their degree programs. A calendar of School of Music events can be picked up at the School of Music on North Campus or at the information desk in the lobby of the LSA Building. Also the University Musical Society offers a number of international presentations featuring symphony orchestras, chamber groups, and instrumental soloists from all around the world. To find out their schedules visit the Musical Society offices in Burton Tower or call them at 764-2538.

Rock concerts put on by UAC/Daystar come to town several times a year. Announcements of these should be posted around campus as well as being listed in the University Record.

Carillon recital concerts are held during the summer months and feature carilloneurs from the U.S. and Europe. The 53 bell carillon in the U.M. Burton Memorial Tower can be heard by everyone from many locations. The carillon is played each day at noon and 5:00 p.m. For more information call 764-7268.

The Michigan Marching Band practices during the weekday afternoons and Saturday mornings in the fall at Wines Field which is on Hill Street and Fifth Street.

F. Theaters

The University's Theater programs sponsor productions of both professionals and students. To find out more about what's going on at the time you are here go to the offices located in the Michigan League on North University or call the office at 764-6300.

G. Athletic Events

One of the highlights of the University of Michigan is its athletic programs. There are many events scheduled for every week of the year. Most charge admission although some do not. These events would be listed in the Weekly Calendar of the University Record. The Athletic Ticket Office is located at the corner of State Street and Hoover. The number there is 764-0247. It is usually possible to purchase tickets at the gate before the game but it is wise to check with the ticket office to see how many tickets are still available.

Besides the U of M scheduled athetic events there are many amateur league activities in the Ann Arbor area. Several parks have baseball games, tennis tournaments, and soccer games scheduled daily during the season. Larger city parks are Buhr Park between Easy Street and Colony on Packard, Burns Park on Wells and Granger, Fuller Park at 1519 Fuller Road, and Veterans Park at Jackson and Maple Road.

H. Bowling

There is an accessible bowling alley in Ann Arbor which has bowling ramps for individuals in wheelchairs. The bowling alley is called Bel-Mark Lanes and is located on Jackson Avenue. Their phone number is 994-8433. Often these bowling alleys have leagues so it is good to check ahead of time to make sure there is open bowling at the time you want to go.

I. Movie Theaters

In the Ann Arbor area almost all the movie theaters are accessible. The Movies at Briarwood (with four theaters), the Campus, and the Fox Theaters (also with four theaters) are all accessible. Two of the State Theaters on the ground floor are accessible but the two in the balcony are not. Schedules for movies and prices can be found in the local newspaper (The Ann Arbor News) or by calling the theaters.

Campus Theater	1214 S. University	668-6416
Fox Village Theater	Maple Village Shopping Ctr.	769-1300
The Movies	Briarwood Mall	769-8780
State Theaters	231 S. State Street	662-6264

CHAPTER 6

MEAL PROCEDURES

A. Breakfasts

Breakfasts (and Sunday dinners when a client arrives on Sunday) are eaten in the South Quadrangle Snack Bar in the basement. The procedure involves displaying an identification card, ordering the meal, and signing for it. Clients as well as attendants must have identification cards. These cards may be obtained from project staff.

Breakfasts may also be eaten at the Michigan Union which is accessibly located directly across Monroe Street, (south side of Union) enter on the ground floor and take the elevator up to the lobby. A continental breakfast is usually available in the room next to the University club Restaurant from 7-10 a.m. Please call 763-5911 for schedule changes.

B. Dinners

Dinners are eaten in the main cafeteria located in the main floor of South Quadrangle. Upon arrival to the dorm in the evening, go directly to the West Desk where meal passes will be issued. The passes are then given to the cashier after the meal is obtained.

The dining room and snack bar at South Quadrangle are usually closed at the end of the University's semester and during other scheduled vacation breaks. Please check the dining schedule with the dormitory staff as well project staff.

Breakfast is available at the Michigan Union, and dinner is generally served at West Quad Dormitory.

C. Outside Meals

Occasionally meals may be eaten out. Please check with project staff before hand. Below are a list of accessible restaurants in the Ann Arbor area.

D. Accessible Restaurants in Ann Arbor

Mountain Jacks	300 S. Maple	665-1133
Mr. Steak	2333 E. Stadium	995-2500
Bill Knapps	2501 Jackson Ave.	663-8579
Dominiks Restaurant	812 Monroe St.	662-5414
McDonalds	2000 W. Stadium	761-9087
McDonalds	337 Maynard St.	995-2476
Kentucky Fried Chicken	2355 Jackson Ave.	994-6053
Bells Pizza House	716 Packard	995-0232
Sambos	2080 W. Stadium	994-4846
Mantels	610 Hilton Blvd.	665-5626
Pretzel Bell	120 E. Liberty	761-1470
Win Schulers	3600 Plymouth Rd.	769-9400
Real Seafood Co.	341 S. Main	769-5960
Gandy Dancer	401 Depot	769-0592
Denny's	3310 Washtenaw	971-0090
Dooley's	310 Maynard	994-6500
Bill Knapps	3501 S. State at I-94	668-8058
Cracked Crab	112 W. Washington	769-8591
Count of Antipasto	1140 S. University	668-8411
Thanos Company	514 E. Washington	996-0584
Turtle Island Restaurant	315 S. State	663-3525
Cafe Creole	111 Catherine	665-2992
Maudes	314 S. Fourth Ave.	662-8485

Cottage Inn	512 E. Williams	663-3379
Old German	120 W. Washington	662-0737
Cathay House	458 Briarwood Circle	662-2567
Elias Brothers	214 Briarwood Circle	761-0690
Orange Julius	622 Briarwood Circle	663-9634
The Whiffletree	208 W. Huron	995-0505
Farrells	470 Briarwood Circle	769-0980
The Red Bull	2222 Hogback Rd.	971-9570

CHAPTER 7

TRANSPORTATION

A. Dial-a-Ride Information

Dial-a-Ride is the primary means of transportation utilized by clients in this project. The telephone number for Dial-a-Ride is 973-1611.

It is necessary to call to reserve a ride at least an hour in advance or more if possible. At the time you arrange your pick-up, if at all possible arrange you return trip as well. That way you will be assured of a ride both ways.

For bus fare Dial-a-Ride takes tokens or exact change. The tokens are worth 35 cents. When using exact change, the fare is 50 cents. Tokens are provided by the project and are distributed to each person in the program. If during the week additional tokens are required, they can be obtained from the workshop supervisor.

B. Buses

Line buses may also be used for traveling to and from recreational events. A schedule of buses and times can be obtained by calling the Ann Arbor Transportation Authority - 996-0400.

CHAPTER 8

DOCUMENTATION PROCEDURES

Residential Log

Each client participating in the residential program is presented with a residential log notebook. This notebook is sent with the client to the residential setting each evening. For attendants, the residential log is an essential means of communication with vocational program staff. Therefore, it is important for attendants to read logs upon starting a shift to note a client's special needs or objectives to be met in the residential setting. Correspondence is required and should occur before termination of the shift. Logs are to be returned with the clients to the vocational program each morning. The following are descriptions of materials contained in the residential log:

Emergency Information — The first two pages of each log contain client home information, project staff phone numbers, emergency numbers, and a copy of an emergency form (see Appendix D).

Dial-A-Ride Tokens -- A zippered pouch is provided with tokens for transportation use.

Log Notes -- These are forms provided for correspondence between residential attendants and vocational program staff. Appropriate correspondence would include; behavior observations, evening activities, specific client needs, and circumstances surrounding an incident or accident (an example of such a correspondence can be found in Appendix E).

Work-Related Objective Forms — The vocational staff may define work-related behavior objectives to be implemented in the residential setting. An example of an objective forms can be found in Appendix F.

CHAPTER 9

FINANCIAL POLICIES

Procedures

Since the project operates on federal funds, strict record keeping of all expenditures is mandatory and certain guidelines in doing so must be followed.

Money is available for the residential program's evening activities such as films, bowling, lectures, workshops, or sporting events. (There may be some events that the project cannot pay for so it is wise to check with staff before hand to be sure it is reimbursable by the project). There is no money available for food as meals are provided by the dorm. Dinner may be purchased outside of the dorm in the event that clients must miss a meal for some activity or would like to go out to eat on their last night in the program.

No matter what expenditure is made, get a receipt! If receipts are not given, ask the manager and ask that it is dated. No money can be released from petty cash without a receipt!

CHAPTER 10

EMERGENCY PROCEDURES

A. Emergency Phone Numbers

Ambulance	123
Dr. Winston	995-0303

B. Procedures

At ISMRRD:

a. Call Reception to announce Medical Emergency and call ambulance and Dr. Winston.

b. Call Project offices to notify Project Staff and to ensure coverage of other clients.

c. Accompany client to appointed place (St. Joseph's Hospital) for Dr. Winston.

d. Registration and charges are applied to client's Medicaid (or other health insurance) card.

e. Record incident in client log.

Outside of ISMRRD:

a. Call Ambulance.

b. Call Dr. Winston re: Where to meet him.

c. Call In Charge Designate to notify (before or after arrival at the hospital depending on your responsibilities for client care and safety).

d. Accompany client to appointed place: St. Joseph's Hospital.

e. Call back-up attendant to cover other clients - if in Charge Designate has not agreed to do so.

f. Apply Registration and charges to client's Medicaid (or other health insurance card).

g. Record incident in log.

C. Emergency Forms

Each client in the residential program should have an emergency form in his logbook (Refer to Appendix D). This form states who should be notified in the case of an emergency and what kinds of medication the client is taking. It is important for attendants to review these forms in order to be aware of any medical problems a client may have (e.g., seizures) or medications taken. Attendants may assist clients in taking their medications if warranted by the VTCPI Staff.

D. What Constitutes an Emergency

Does:

1. Any failure of breath, heartbeat or pulse requiring CPR.
2. Unusually prolonged or frequent seizure activity or seizure without previous history.
3. Unconsciousness, for any reason.
4. Severe fall, cut or burn which cannot be treated by simple first aid.

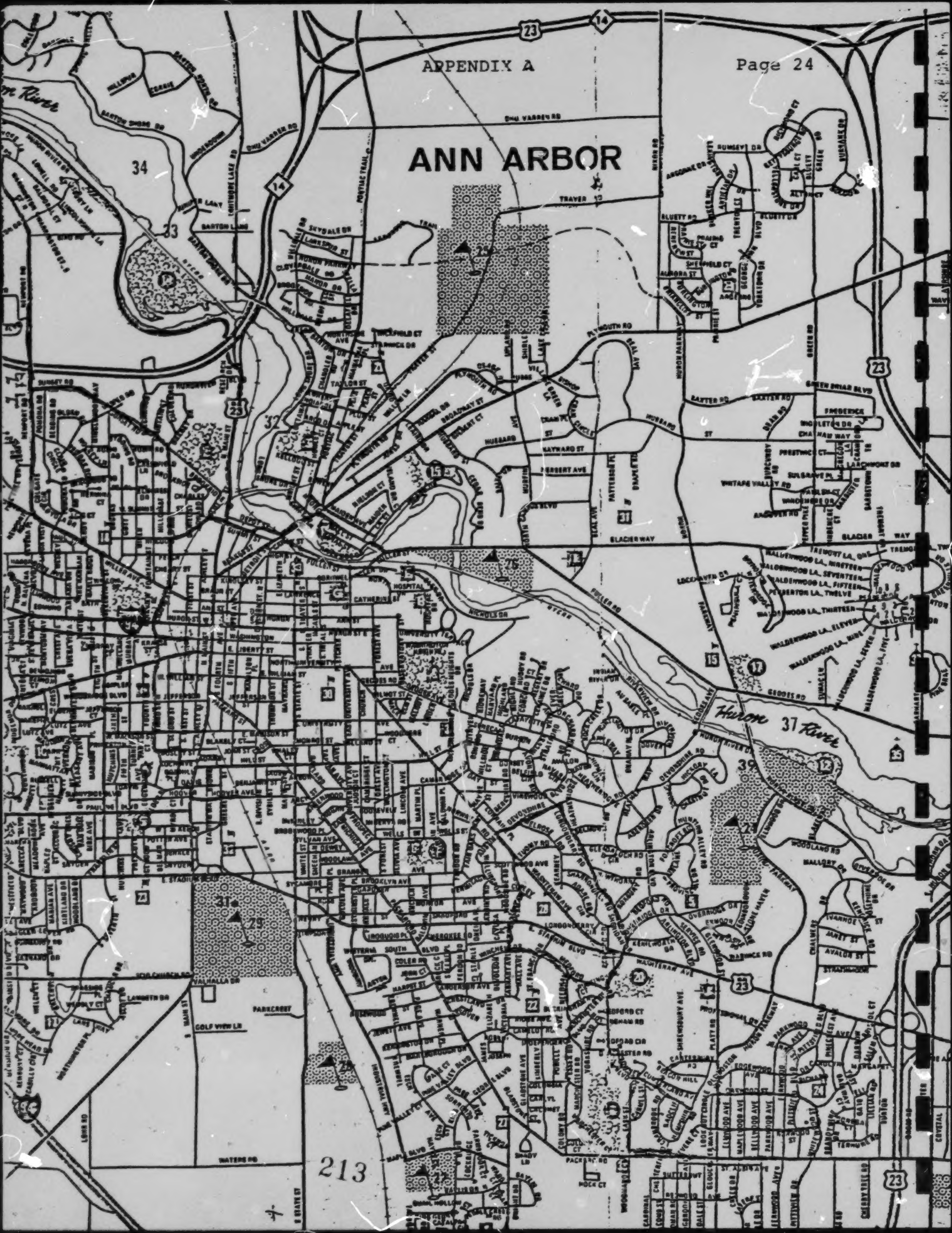
Does Not

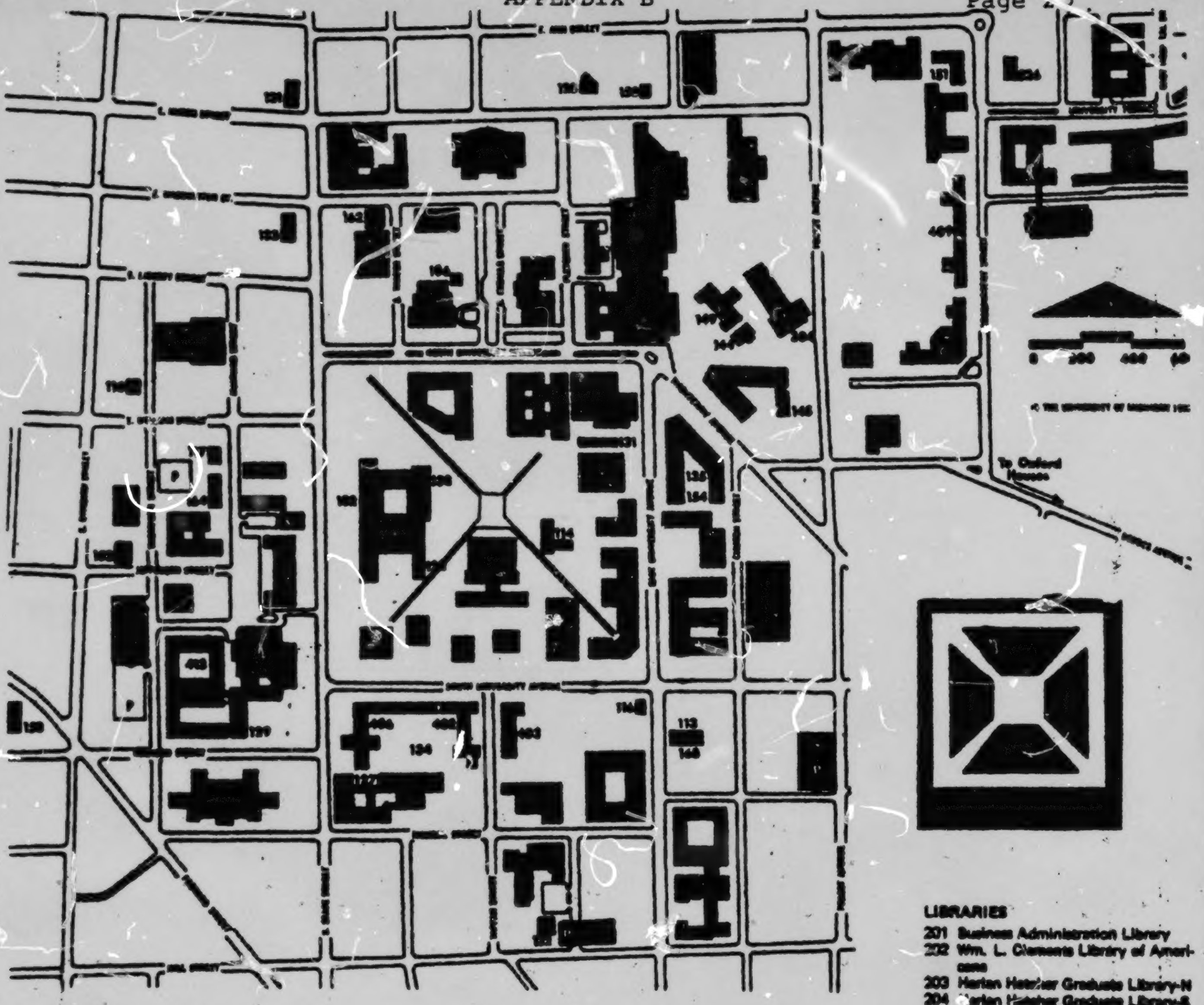
1. A seizure when the client has a history of seizures and is taking anti-convulsant medication.
2. Diabetic symptoms without unconsciousness.

E. Staff Training

1. All Project personnel are trained in CPR, mouth-to-mouth resuscitation, ceizure care, choking care, and general first aid (falls, cuts, burns).
2. All Project personnel are required to log and keep written records of

unusual incidents or accidents in the client's log.


ANN ARBOR
Huron River
23
14
DHU VARREN RD
PLYMOUTH RD
TRAVER RD
GLACIER WAY
FULLER RD
GEDDES RD
WASHTENAW AVE
PACKARD
E. STADIUM BLVD
HURON ST
WASHINGTON
LIBERTY ST
HILL ST
S. STATE ST
S. MAIN ST
WATERS RD
EISENHOWER
PLATT RD
NIXON RD
BAXTER RD
HUBBARD ST
GREEN RD

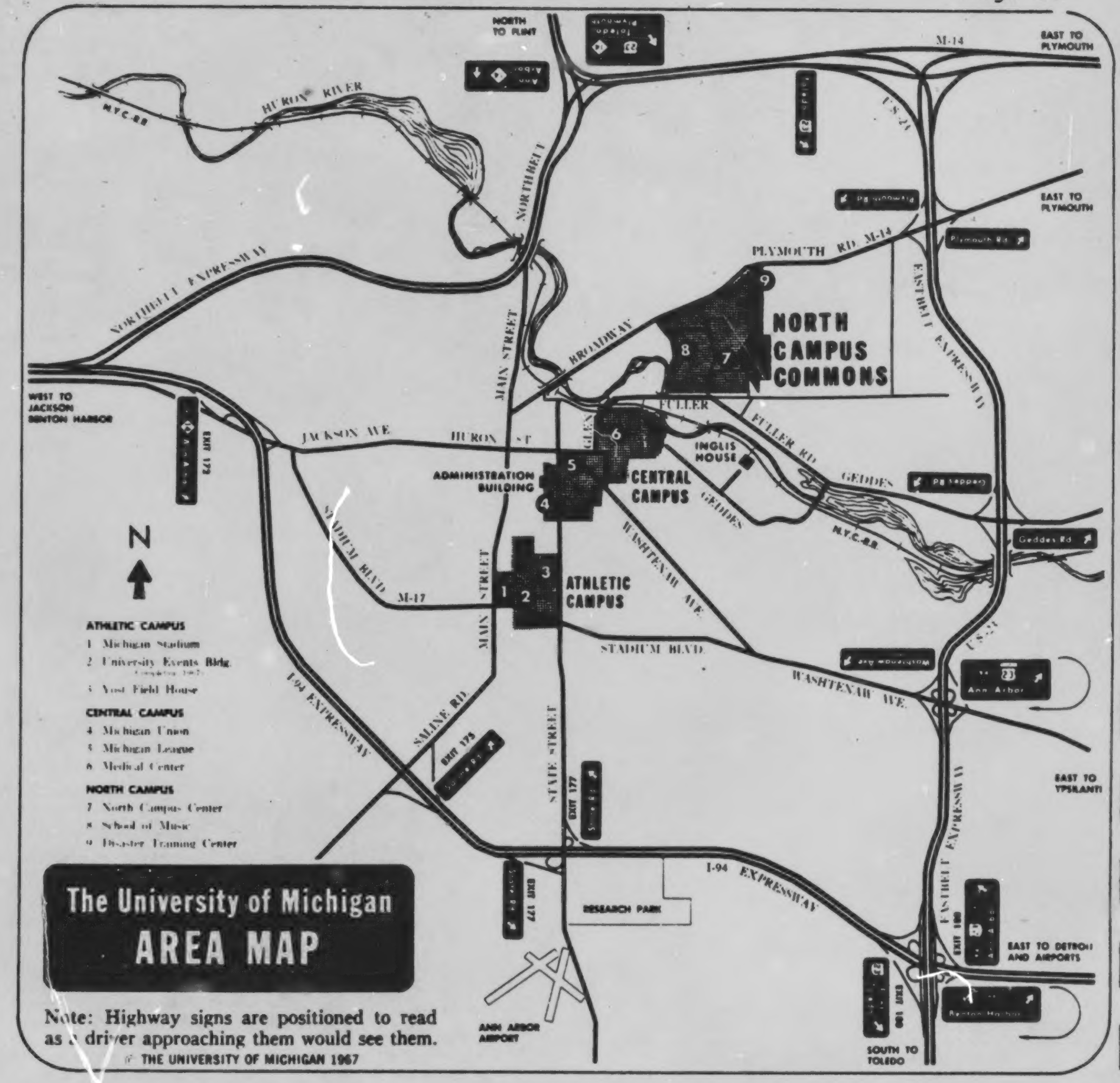


LIBRARIES
201 Business Administration Library
202 Wm. L. Clements Library of Americana
203 Harlan Hatcher Graduate Library-N
204 Harlan Hatcher Graduate Library-S
205 Law Library
206 Michigan Historical Collections
207 Undergraduate Library

CENTRAL CAMPUS
101 Administration Building
102 James B. Angell Hall
103 Angell Auditorium Unit
104 Architecture and Design
105 Barbour Gymnasium
106 Burton Memorial Tower
107 Business Administration
108 Chemistry
109 Church St. Parking Structure
110 Continuing Education of Women
111 Dental Building
112 East Engineering
113 East University Building
114 Economics
115 School of Education Building
116 Education Office Building
117 Extension Service
118 Fletcher St. Parking Structure
119 Forest St. Parking Structure
120 Henry S. Frieze Building
121 Harris Hall
122 Haven Hall
123 Health Service
124 Heating Plant
125 Hill Auditorium
126 Hill St. Parking Structure
127 Hutchins Hall
128 Institute of Human Adjustment, Counseling Division
129 International Center
130 Kellogg Foundation Institute
131 Key Office
132 Landscape Architecture
133 Lane Hall
134 Law Quadrangle
135 Clarence C. Little Science Building
136 Literature, Science, and the Arts Building
137 Margaret Bell Pool
138 Mason Hall
139 Maynard St. Parking Structure
140 Lydia Mendelssohn Theater
141 Michigan League
142 Michigan Union
143 Modern Languages Building
144 Museums Annex
145 Museums Addition
146 Natural Resources
147 Natural Science
148 Neuroscience Building
149 North Hall
150 North University Building
151 Observatory
152 Parking and Publications Building
153 Perry Building
154 College of Pharmacy Building
155 Physics and Astronomy
156 Power Center for the Performing Arts
157 President's Residence
158 Psychological Clinic
159 Rackham Building
160 Randall Laboratory
161 Institute for Social Research
162 Social Work Annex
163 Student Activities Building
164 Student Publications Building
165 Tappan Hall
166 Thayer St. Parking Structure
167 Thompson St. Parking Structure
168 University Press
169 University Television Center
170 Waterman Gymnasium
171 West Engineering Building
172 Women's Athletic Building
505 E. Medical Center Parking Structure
524 School of Public Health
528 Simpson Memorial Institute

MUSEUMS
301 Alumni Memorial Hall (Museum of Art)
302 Kelsey Museum of Archeology
303 A. G. Ruthven Museums Building (Anthropology, Paleontology, Zoology, and Exhibit Museum)
304 University Herbarium
305 Stearns Collection

RESIDENCE HALLS
401 Betsy Barbour House
402 John Cook Residence
403 Martha Cook Building
404 Couzens Hall
405 East Quadrangle (Residential College)
406 Lawyers Club
407 Alice Crocker Lloyd Hall
514 Mary Markley Hall
409 Mosher-Jordan Halls
410 Helen Newberry Residence
411 South Quadrangle
412 Stockwell Hall
413 West Quadrangle
P Public Parking


NORTH TO FLINT
M-14
EAST TO PLYMOUTH
HURON RIVER
N.Y.C.RR
NORTHBELT
NORTHBELT EXPRESSWAY
PLYMOUTH RD. M-14
EAST TO PLYMOUTH
Plymouth Rd.
US 23
EASTBELT EXPRESSWAY
BROADWAY
MAIN STREET
NORTH CAMPUS COMMONS
9
8
7
WEST TO JACKSON BENTON HARBOR
EXIT 172
JACKSON AVE
HURON ST
GLEN
FULLER
FULLER RD
INGLIS HOUSE
GEDDES
Geddes Rd.
ADMINISTRATION BUILDING
6
5
4
CENTRAL CAMPUS
STADIUM BLVD
WASHTENAW AVE
N.Y.C.RR
M-17
ATHLETIC CAMPUS
1
2
3
N
STADIUM BLVD
WASHTENAW AVE
Ann Arbor
EAST TO YPSILANTI
I-94 EXPRESSWAY
SALINE RD
EXIT 175
STATE STREET
EXIT 177
I-94 EXPRESSWAY
RESEARCH PARK
EXIT 180
EAST TO DETROIT AND AIRPORTS
ANN ARBOR AIRPORT
SOUTH TO TOLEDO
Benton Harbor
ATHLETIC CAMPUS
1 Michigan Stadium
2 University Events Bldg. (Completion 1967)
3 Yost Field House
CENTRAL CAMPUS
4 Michigan Union
5 Michigan League
6 Medical Center
NORTH CAMPUS
7 North Campus Center
8 School of Music
9 Disaster Training Center

The University of Michigan

AREA MAP

Note: Highway signs are positioned to read as a driver approaching them would see them.

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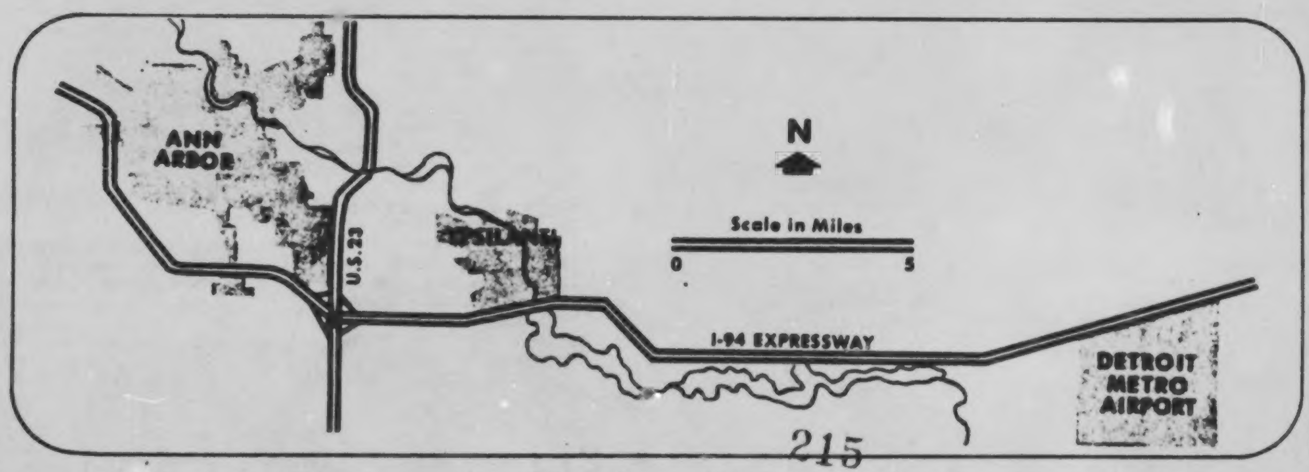
ANN ARBOR
U.S.23
YPSILANTI
N
Scale in Miles
0
5
I-94 EXPRESSWAY
DETROIT METRO AIRPORT

APPENDIX D

ISMRRD

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

CP#

The University of Michigan, 130 South First Street, Ann Arbor, Michigan 48109

EMERGENCY FORM

Name: John Doe Street: 14 Elm Street City: Detroit

State: Michigan Zip Code: 40000 Phone No.: 313/555-1212

A. Person to be notified in case of emergency:

Name: Mrs. Doe Phone: 555-1212 (home)
222-0000 (work)

B. Physician's name: Dr. Jones

address: 19 State Street, Detroit, MI

phone: 377-7777

C. Current medications:

1. Name of Medication Dosage: How much? Time: When?
2. ____ Dosage: ____ Time: ____
3. ____ Dosage: ____ Time: ____

D. Does the client-patient have any medical problems? If so, what are they, how often do they occur, what are they like, and how are they treated? (For example, grand mal seizures once a month, treated with daily phenobarbital. Seizures last 1 minute usually and no specific treatment is given.)

Describe medical problems

E. Does the client-patient have any allergies? If so, to what?

List any allergies

I give permission for ISMRRD staff to seek emergency medical care as needed.

Client: John Doe

Parent/Guardian: Shirley M. Doe

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

CP#

DATE	LOG NOTES	YOUR NAME
1/20/80	Erin William asked if he could obtain a newspaper this evening to see what is showing at the movie theatres. He is hoping to go tomorrow evening if he can find a show that he would like to see. Please encourage him to arrange this.	George
	William had a busy evening. He went with me to get a paper after arriving at the dorm. He looked for a movie and found one that he would like to see tomorrow evening. We will need some money for this. After dinner we went to play ping-pong in the lounge and then to the library to check on some books. William had some homework from the shop and he was doing that when I left at 10:00 pm.	Erin

VTCPI
WORK - RELATED BEHAVIORS

Client: Mary X.

Date:

Problem Behavior: Mary does not handle money correctly.

OBJECTIVE:

Mary will be able to correctly make change for $1.00.

* See next page.

METHODS:

1. In the evenings, practice recognizing coins and matching values.
2. Encourage Mary to handle money in public. Review what purchases cost and have Mary count her change.
3. Gradually increase the number of items and number of coins.

VTCPI
WORK - RELATED BEHAVIORS

Client: Mary X

Problem Behavior: Mary does not handle money correctly.

Date	Time	Frequency	Duration	Environmental Factors/Antecedent Events
1-10-80	5:00p.m.	111	10 minutes	I took some change out and had Mary count coins. She was successful in telling me and showing me that 4 quarters made up a dollar. L.T.
1-11-80	6:00p.m.	11111	20 minutes	I gave Mary 10 dimes and we practiced working on 10 dimes equal one dollar. We then went down to the vending machine and she was able to buy a 20 cent item and tell me the change. L.T.

APPENDIX 2-14

CLIENTS' PLACEMENT RECORD

CLIENT PLACEMENT RECORD

	SEX	AGE	PLACEMENT	POSITION	RESPONSIBILITIES
1.	M	28	University Library Competitive employment	Book Checker	Checking books, filing, processing annual reports and journals.
2.	M	26	Nursing Home Work experience	Laundry Assistant	Folding and sorting clothing.
3.	M	31	Social Service Agency Work experience	Program Aide/ Personal Attendant	Filing, collating data, attendant care.
4.	M	34	County Day Care Center Competitive employment	Kitchen Aide	Dishwashing, kitchen clean-up, assistant cook.
5.	M	18	Transitional Living Program Competitive employment	Attendant Coordinator	Scheduling attendant care, staff taking messages, peer counseling.
6.	M	28	Residential	Participant in Independent Living Program	Partaking in day programming in independent living skills.

	SEX	AGE	PLACEMENT	POSITION	RESPONSIBILITIES
7.	M	36	County Library Work experience	Library Assistant	Processing books.
8.	F	34	County Library Work experience	Library Assistant	Sorting and shelving books.
9.	F	31	Workshop	Workshop Employee	Assembling & packaging automobile door locks.
10.	M	25	Workshop	Workshop Employee	Parts assembly.
11.	F	22	Day Care Center Work experience	Program Aide	Assisting with all phases of child care center activities.
12.	M	19	Workshop - Placement pending		

APPENDIX 2-15

JOB TASK ANALYSIS

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CONTENT TASK ANALYSIS

Materials: soil mixing container, vermiculite, peat moss, perlite, water, a cup, a package of seeds, plastic labels (for marking planted seeds), propagation containers or 3 inch individual pots.

Soil Mix: 3 cups vermiculite, 3 cups peat moss, 3 cups perlite, 4 cups water

PLANTING SEEDS IN A LARGE CONTAINER

1. Measure 3 cups of vermiculite into the mixing container
2. Reach into peat moss and break up the clumps by squeezing and crunching with fingers.
3. Measure 3 cups of broken up peat moss into mixing container.
4. Measure 3 cups of perlite into mixing container.
5. Measure 4 cups of water and pour into mixing container.
6. Stir with hand-mix until blended-check corners-break up any additional peat moss clumps.
7. Using cup or small pot remove mixed soil from mixing container and place in propagation container.
8. Level out and pat down lightly.
9. Use a label or jig to make a straight row across the propagation container.
10. Remove excess soil from hands by brushing together lightly (this increases the ability to feel the seeds).
11. Rip off top of seed package.
12. Pour small amount of seeds (about the size of a quarter) into hand.
13. Sprinkle small seeds in a row, place large seeds about 1/4 inch apart in row-leave lie on top of soil.
14. After row is finished use label to make a second row continue placement of seeds until all rows are completed.
15. Put back extra seeds into package and fold down top of package.
16. Sprinkle a small amount of soil mix on top of seeds - large seeds require soil packed down lightly.
17. Label and date.

PLANTING SEEDS IN INDIVIDUAL POTS

Perform steps 1-6 from above.

7. Using cup or hand fill pot with soil mix (1/4 inch from top of pot) level off soil - to not pack down.
8. Perform steps 10-12 above.
9. Sprinkle seeds lightly on top of soil-small seeds do not need to be covered, larger seeds cover with small amount of soil, press very lightly.
10. Label and date.

TASK ANALYSIS: STARTING SEEDS

PROCEDURES FOR TRAINING

This task is taught using the total task method with the trainer standing to the side of T. The trainer will use a minimum of verbal feedback-using the given verbal cues or words like "good" where appropriate. The trainer will assist T. in performing the task until T. is able to perform independently. Criterion is reached when T. is able to perform 6 out of 8 trials without assistance.

*Planting Seeds In A Large Container

Steps

1-4. Have T. place the palm of one hand over cup after she has filled it. this will assist her in leveling off the contents and in determining accurate measurement.

5. Have T. pour water with her right hand and hold the cup in her left. Her left index finger should be extended over the rim of the cup and slightly dipping into the cup (about 1/4 inch). Repeat for each cup of water. This provides T. with a method for measurement of liquids.

6. If necessary, use verbal cues to remind T. to feel for clumps of peat moss or perlite.

8. Use verbal cues - "level gently". If T. does not perform correctly, have T. place her right hand on the trainer's to feel the correct motions.

9. This step is made easier if a plastic label is placed in the soil on each side of the container (directly across from each other). Instruct T. to make a shallow row from one label to the other. Use verbal cues - "keep it straight" - and physical assistance for making rows. Labels are removed and replaced for each row.

12. When pouring seeds T.'s hands should be positioned so that accidental dropping does not occur near soil mixtures.

17. Use verbal cues - "pat gently".

18. This step was performed for T.

Planting Seeds in Individual Pots

Steps

1-6. Follow procedures in 1-6 above.

7. Have T. place the palm of one hand over pot after she has filled it. If soil mix is level with rim of pot, have T. use index finger to gently brush out a small amount of soil. Use verbal cues - "keep it loose" - to remind T. not to pack down the soil.

8. Follow procedures in #12 above.

1[illegible]. This step was performed for T.

*This method was initially tried with T. Although T. was able to perform the steps, I found T. required less assistance in the second method-planting seeds in individual pots.

APPENDIX 2-16

EMPLOYER EVALUATION

EMPLOYER - EVALUATION REPORT

____________________	____________________	____________________
EMPLOYER	TRAINEE	DATE OF REPORT

INTEREST IN WORK:

____ High interest in job. Very enthusiastic.	____ More than average amount of interest & enthusiasm for job.	____ Satisfactory amount of interest & enthusiasm for job.	____ Interest spasmodic. Occasionally enthusiastic.

INITIATIVE:

____ Self-starter. Asks for new jobs. Looks for work to do.	____ Acts voluntarily in most matters.	____ Acts voluntarily in routine matters.	____ Relies on others. Must frequently be told what to do next.

ORGANIZATION AND PLANNING:

____ Does an outstanding job of organizing & planning work.	____ Organizes & plans work for nearly all situations.	____ Does some planning & organizing of routine work situation.	____ Nearly always fails to organize & plan.

ABILITY TO LEARN:

____ Brilliant. Imaginative.	____ Quick to learn.	____ Average.	____ Slow to learn.

QUANTITY OF WORK:

____ Highly productive in comparison to other trainees.	____ More than expected in comparison with other trainees.	____ Expected amount of productivity for trainees.	____ Low productivity in comparison with other trainees.

QUALITY OF WORK:

_____ Very thorough in performing work. Errors very few-if any.

_____ Usually thorough. Good quality of work.

_____ Work passes review but with some error.

_____ Work done-but usually in careless manner with frequent errors.

JUDGMENT:

_____ Exceptionally good. Decisions based on thorough analysis of problem.

_____ Uses good common sense. Usually makes good decision.

_____ Judgment good in routine situations.

_____ Judgment often undependable because of inability for analysis.

DEPENDABILITY:

_____ Can always be depended upon in any situation.

_____ Can usually be depended upon in most situations.

_____ Can be depended upon in routine situations.

_____ Unreliable; requires constant supervision.

HOW WELL DOES THE TRAINEE GET ALONG WITH OTHERS?

_____ Always works in harmony with others. An excellent team worker.

_____ Congenial & helpful. Works well with associates.

_____ Relations with others are harmonious under most circumstances.

_____ Difficult to work with. Frequently is involved in quarrelsome situations.

ACCEPTANCE OF SUGGESTIONS AND CRITICISM:

_____ Expresses appreciation & takes prompt action on suggestions & criticism by supervisor.

_____ Willingly accepts criticism by supervisor.

_____ Reluctantly accepts suggestions & criticism by supervisor.

_____ Obviously resents suggestions & all criticism by supervisor.

GROOMING:

The appropriate neatness, dress, and manners necessary for this particular work. _____ Appropriate _____ Inappropriate

ATTENDANCE:

_____ Regular _____ Irregular

PUNCTUALITY:

_____ Regular _____ Irregular

COMMENTS ON OVERALL PERFORMANCE (REVERSE SIDE MAY BE USED)

THIS EVALUATION HAS BEEN DISCUSSED WITH THE TRAINEE _____ YES ____ NO

______________________________ RATED BY

______________________________ TITLE

APPENDIX 2-17

CONFERENCES ATTENDED BY PROJECT STAFF

WORKSHOPS AND CONFERENCES ATTENDED BY PROJECT STAFF

1979 American Association of Mental Deficiency
Miami, Florida

3rd Annual Rehabilitation Conference
Atlanta, Georgia

Michigan Computer Learning Use Conference
Grand Rapids, Michigan

McCarron-Dial Assessment of the Severely Disabled
Livonia, Michigan

"Try Another Way" - Methods for Training People Who Find It Difficult To Learn
Minneapolis, Minnesota

"Tests, Test-Takers, Scores and More"
University of Michigan
Ann Arbor, Michigan

"School Age Language Imp[illegible]d Children and Adolescents: Developing Language Skills"
University of Michigan
Ann Arbor, Michigan

1980 American Association of Mental Deficiency
San Francisco, California

"Positioning and Adaptive Equipment for Physically Handicapped Persons"
University of Michigan
Ann Arbor, Michigan

"Institute for University Special Education Personnel: Training Secondary Special Education Teachers"
Michigan Department of Education
Lansing, Michigan

Life Skills Assessment Workshop
Washtenaw Community College
Ypsilanti, Michigan

"The Job Finding Club" - Job Placement of the Handicapped Individual
University of Michigan
Ann Arbor, Michigan

Michigan Rehabilitation Association of Facilities
Kalamazoo, Michigan

1980 Michigan Rehabilitation Association Annual Meeting
Grand Rapids, Michigan

"Cerebral Palsy: A Treatable Disorder" - American Academy of Cerebral Palsy - Regional Meeting
Lake Buena Vista, Florida

"Handling The Physically Disabled" - Monroe Community College Parent Spring Conference
Monroe, Michigan

World Rehabilitation Fund Conference
Washington, D.C.

Individual Program Planning and Advanced Work Evaluation Uses of the McCarron-Dial System
Caro, Michigan

Annual Conference Michigan Physical Therapy Association
Traverse City, Michigan

"The Severely Disruptive Client"
University of Michigan
Ann Arbor, Michigan

"Clinical Issues and Techniques in Behavior Management"
University of Michigan
Ann Arbor, Michigan

Washtenaw Intermediate School District Career Guidance Seminar Series
Ann Arbor, Michigan

1981 American Association of Mental Deficiency
Detroit, Michigan

Eighth Annual Conference of the Association for the Severely Handicapped
New York City, New York

1981 Michigan Rehabilitation Association Meeting
Dearborn, Michigan

1981 Symposium and Annual Meeting
Michigan Association of Rehabilitation Facilities
Lansing, Michigan

APPENDIX 2-18

PROJECT TRAINING MATERIALS AND OUTLINES

ATTENDANT TRAINING SEMINAR

GENERAL HEALTH SAFETY TECHNIQUES

I. INTRODUCTION TO CEREBRAL PALSY

A) CAUSES - PERINATAL
  1. Mechanical respiratory obstruction
  2. Excessive use of drugs
  3. Premature separation of the placenta
  4. Lack of oxygen
  5. Breech deliveries
  6. Trauma
  7. Prolonged labor
  8. Cesarean delivery
  9. Prematurity
  10. Multiple births

B) CAUSES - POST-NATAL
  1. Trauma
  2. Infections (meningitis, encephalitis, brain abscess)
  3. Toxic causes (lead, arsenic poisoning)
  4. Vascular accidents
  5. Tumors

C) ASSOCIATED DISORDERS
  1. Seizures
  2. Spasms
  3. Mental retardation
  4. Abnormal sensation or perception
  5. Impairment of hearing
  6. Impairment of sight (blindness, nystagmus, eye coordination)
  7. Contractures
  8. Orthopedic deformities
  9. Learning disabilities
  10. Psychological problems
  11. Speech and language impairment

D) CLASSIFIED DEFINITIONS
  1. Spastic - Characterized by constant hyper-irritability of the muscles to stimuli. Deep tendon reflexes are increased. More than half of all CP's are of the spastic type.
  2. Athetoid - Characterized by slow, worm-like involuntary, uncontrollable, unpredictable and purposeless motions. There is difficulty in stability and performing in a limited range of motion. Athetoids make up approximately 20% of the CP population.
  3. Ataxic - Primary incoordination due to disturbance of kinesthetic (touch) or balance sense, or both. Lack of muscle tone may be present. In mild cases, the disorder is frequently not noted until the child begins to walk.

GENERAL SAFETY TECHNIQUES
INTRODUCTION TO CEREBRAL PALSY

4. Mixed - Combination of two or more different classifications of CP (usually the predominant motor symptoms determine the classification).
5. Diplegia - The whole body is involved, the lower limbs more so than the upper limbs. The distribution is fairly symmetrical. Head control and speech are usually not affected, although there may be some impairment of eye coordination. Predominantly spastic children belong in this group (although some may show distal athetosis).
6. Quadriplegia - The whole body is affected, the upper part more so than the lower part. Usually symmetrical in distribution. There is usually poor head and trunk control, with involvement of fine motor coordination, and the oral mechanism (which may interfere with speech and feeding coordination). This group consists of many spastic or rigid cases, and most of the athetoids, as well as those ataxics of the hypotonic type. Many cases are of the mixed type.
7. Hemiplegia - One side of the body is affected more than the other. Postural tone is usually of the spastic type (although distal athetosis may later develop). Cases of athetoids with hemiplegia are rare.
8. Paraplegia - Lower limbs are affected and upper limbs are free of involvement. (However, most paraplegics are usually diplegics where the upper body is so slightly affected that it is not detected).
9. Monoplegia - Only one limb is involved. This is a very rare condition (most cases are hemiplegics with one limb slightly involved).

   Classification is dependent upon the quality of the muscle tone.

   a. Hypertonic - excess muscle tone which may feel like stiffness or rigidity. May be seen in the spastic.
   b. Hypotonic - lack of muscle tone as in the floppy resident.
   c. Fluctuating - a flow between states of hyper and hypotonicity as seen in the athetoid.

INTRODUCTION TO CEREBRAL PALSY

E) TYPICAL POSTURES AND ABNORMAL RELEXES

Reflex development occurs in everyone. Reflex development and motor development are inter-dependent. Up to a certain point of age, reflexes are a part of normal development. If these reflexes do not disappear, then it is abnormal, and may lead to the typical postures seen in many of the cerebral palsied.

Proper intervention (correct positioning and handling) can help prevent the typical postures and contractures.

a. Tonic Labyrinthian Reflex (illustration) Figure 3.

Typical postures:

1. Opisthotonus
2. Upper and lower extremity deformities (frog position)
3. Rib cage deformities
4. Shoulder and hip dislocation
5. Respiratory involvement possible

(See orthopedic disorders for further information)

b. Asymmetrical Tonic Neck Reflex (illustration) Figure 1.

1. Scoliosis
2. Rib cage deformities
3. Upper and lower extremity dislocation and contractures
4. Facial distortions
5. Possible respiratory involvement
6. (See orthopedic disorders for further information)

INTRODUCTION TO CEREBRAL PALSY

E) TYPICAL POSTURES AND ABNORMAL RELEXES - CONTINUED

c. Positive Support Reaction (illustration) Figure 4.

   1. Crossed extension pattern in lower extremity (see orthopedic disorders)

d. Grasp Reflex (illustration)

   1. Finger contractures (see orthopedic disorders)

e. Moro Reflex (illustration) Figure 2.

   1. Sudden reaction to movement that changes pattern where arms go out to the sides, and the head goes back.

f. Startle Reflex

   1. Movement reaction to stimulation - sudden reaction to sound (similar to Moro reflex)

g. Oral Reflex

   1. May be abnormal and interfere with feeding (i.e. tongue thrust) (see feeding)

Associated Reactions:

There is often an increase in the muscle tone of the areas of the body not directly involved with any intended movement (overflow). (The resident should not be made to use any excessive amount of movement in using one part of his body). Although this may help that part of the child, it can cause a great deal of harm to the rest of the body. Improper reflex functioning can affect the development of ADL skills.

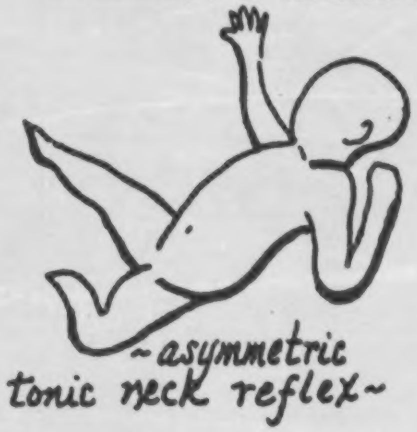

~asymmetric tonic neck reflex~

Figure 1

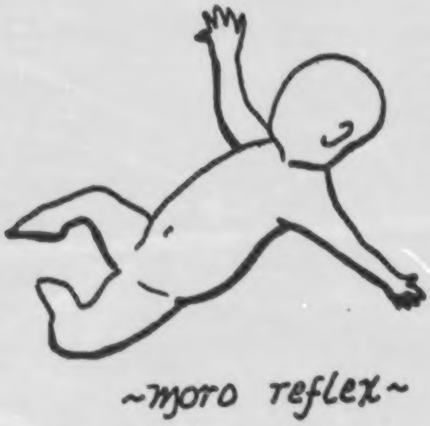

~moro reflex~

Figure 2

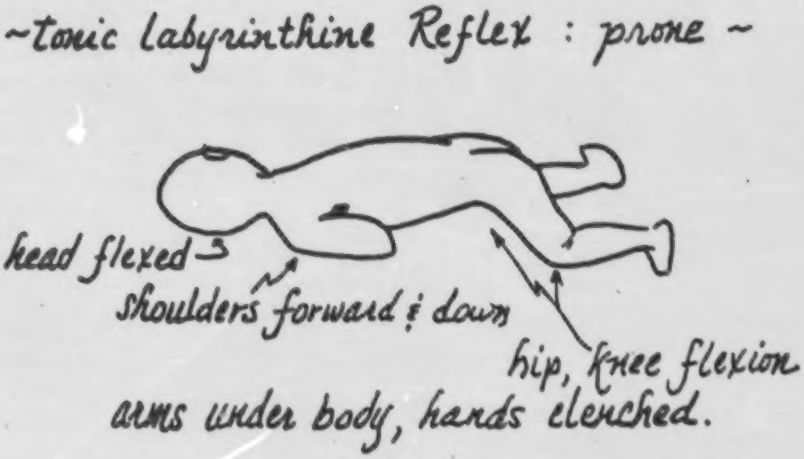

~tonic labyrinthine Reflex : prone~
head flexed
shoulders forward & down
hip, knee flexion
arms under body, hands clenched.

Figure 3

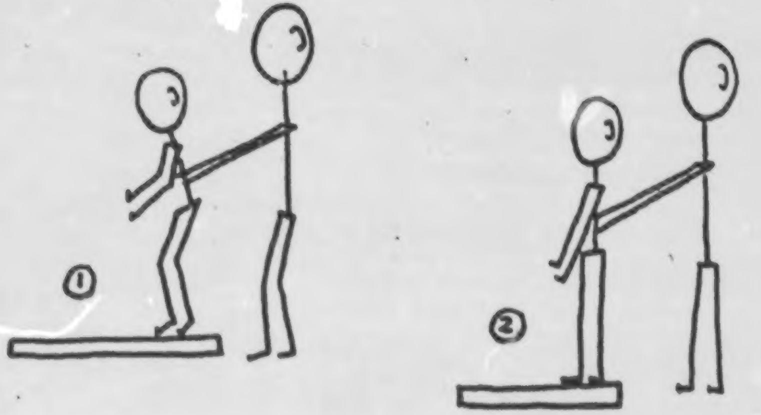


Figure 4

-positive support reaction-

as child is brought down toward floor, he is fairly relaxed.
when balls of feet touch surface (①), child goes into a supportive extension pattern (②).
if allowed to bear more weight, he will flex again.

F) NEEDS OF THE CEREBRAL PALSIED

Principle aim of treatment is to allow the resident to experience normal movement and sensations. To achieve this goal, use proper handling and positioning to control muscle tone, reflexes, and postural reactions.

a. Control muscle tone and reflexes or postural reactions to allow resident to experience normal movement. Because of the nervous system damage, he is unable to do these things himself without proper handling and positioning which should increase mobility and sensory input.

b. Control muscle tone (increase tone in the floppy and decrease tone in the spastic, and control fluctuations of tone in the athetoid and ataxic), in order to allow fundamental development of the gross and fine motor systems.

c. The resident needs to experience normal movement and sensation as much as possible. All activities should be aimed at providing the resident with normal types of experiences.

d. He needs to develop fundamental movement patterns which he can regulate.

1. Head and trunk control
2. Rolling (turning over)
3. Sitting up
4. Kneeling
5. Standing

c, d, and e: He needs first to develop stability in these positions, and then the ability to move in and out of these positions.

6. Balance reactions in all positions and activities.

Many residents will experience difficulties integrating sensory input producing insecurity when faced with new and unexpected situations.

F) NEEDS OF THE CEREBRAL PALSIED - CONTINUED

In the resident with cerebral palsy, there may be an accentuation of normal dependency associated with emotional immaturity. In general, the CP resident will spend much more time within his family circle, and,therefore, the emotional attitudes of the resident will depend greatly upon the attitudes of the family, and ward family (or the group of people with whom the resident spends most of his time).

Mental retardation, in association with CP, can have several effects emotionally upon the resident. Some commonly seen effects are a general emotional flattening and indifference to surroundings, or emotional instability and irritability. The effect of the environment plays an important part in the emotional well-being of the resident.

If a resident is allowed to sit or lie in one position for a long period of time without any stimulation, it will adversely affect his potential for development, physically, emotionally, and intellectually. Withdrawal from the environment is also a great problem (which generally results from lack of stimulation).

Because of emotional dependency and physical limitations, the resident may lack social skills, and, therefore, may need experience and guidance in social settings.

He needs help in development of awareness of himself and his environment, and the relationship between both. He may need special training in the area of communication. CP residents often have speech difficulties and may be in need of help in this area, or an alternate mode of communication.

Education - Taking into account any associated problems that the resident with CP might have, he may be in need of special education to deal with these problems.

Individualized programs for positioning and handling are necessary at all times (see positioning and handling). The resident may benefit from occupational and physical therapy to help his daily functioning. Therapy aides should reinforce these programs (e.g. self-feeding, mobilization, etc.) The therapy aide should encourage all self-care activities.

F) NEEDS OF THE CEREBRAL PALSIED - CONTINUED

The resident with CP may take a long time to perform activities, however, it is important that he perform as many activities by himself as is possible. The more he is allowed to do, the more he should be able to do.

When pre-vocational training is underway, the training and daily living skills should be reinforced by the ward personnel. It is necessary to note any changes in the performance of the resident and alert the staff to these changes.

When the MHATA feels that the resident can benefit from program change, he should alert his supervisor or a specialist or anyone who can act on the information.

II. POSITIONING

A) WHY CHANGE THE POSITIONS OF THE CLIENT?

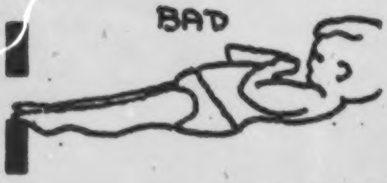
1. Certain positions encourage further motor development.
2. Some positions can give the client the feeling of "normal" joint positions and symmetry.
3. Some positions "stretch" the client out and prevent contractures, or prevent further tightness from developing.
4. Some positions make movement, handling of objects, looking, hearing, and learning easier.

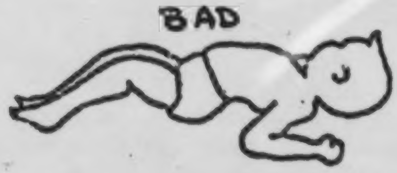
B) GENERAL RULES

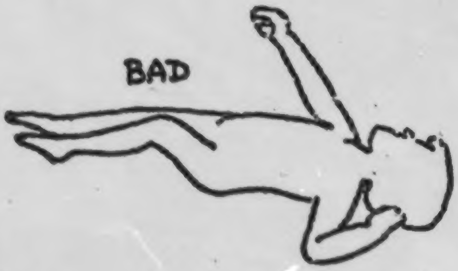
1. Allow enough time in each position for the client to finish an activity, or until he becomes bored or tired.
2. The best positions are generally the ones where the client is the straightest most symmetrical (balanced), and looks the most normal.
3. Positioning can be used both passively (you can place the client without his help) or assistively (the client does part of the work in achieving a new position). The more actively the client helps, the better it is for him, the more he learns, and probably the longer it takes.
4. Feet should always be as flat as possible on the floor or on a supporting surface.

C) SPECIFICS OF POSITION

1. Supine - backlying BAD POSITION
   - a) Advantages - Probably none.
   - b) Disadvantages
     1. Most difficult position to move out of
     2. Strongest bad, abnormal reflexes
     3. Least visual stimulation
     4. Difficult for client to swallow, cough

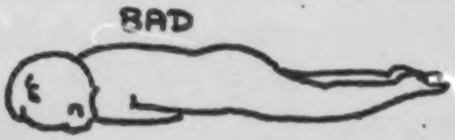


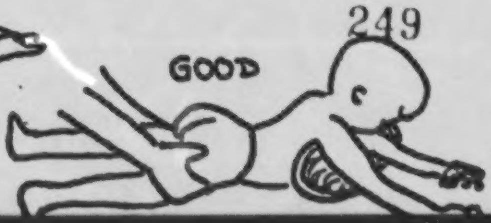


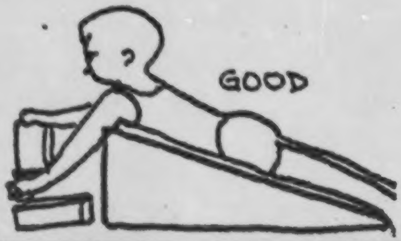


2. Prone - belly-lying GOOD POSITION
   - a) Advantages
     1. Stretches one out from sitting position
     2. Encourages good head control; visual awareness; moving, normal motor milestones like head up, prop on elbows
   - b) Disadvantages
     1. Often need equipment to maintain some clients-wedge, sandbags.

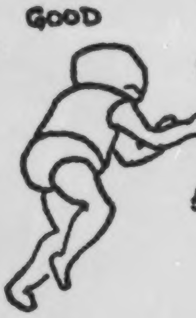
PRECAUTION: BE CERTAIN THE CLIENT CAN TURN HEAD SUFFICIENTLY TO KEEP NOSE AND MOUTH CLEAR OF SUPPORTING SURFACE TO BREATHE.

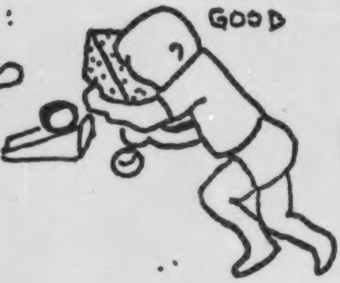


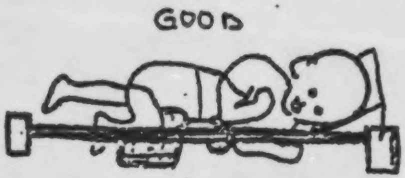




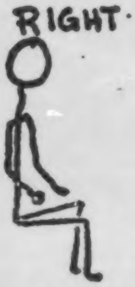
3. Sidelying GOOD POSITION
   a) Advantages
      1. Allows client with swallowing problems a safe way to play.
      2. Prevents some contractures and avoids some reflexes.
      3. Makes room and others observable, toys easier to handle.
   b) Disadvantages - Probably none.
   c) Positioning:
      1. Must use pillow under head and between knees (or place underneath leg straight and back, top leg bent at hip and knee supporting the weight) and place hands together.
      2. May need to place client against a wall, with sandbag at back, or on sidelying board, to prevent falling backwards.

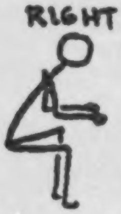


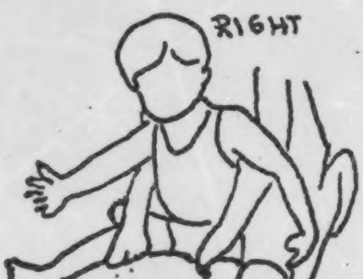


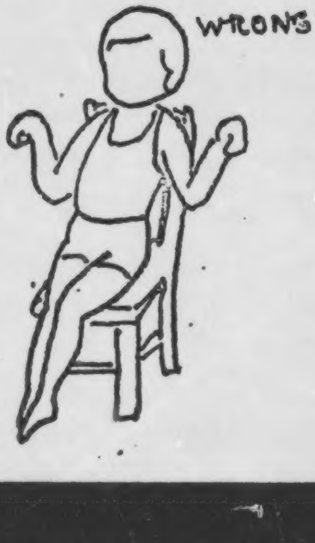


4. Sitting
   a) Advantages
      1. Allows good visualization of environment.
      2. Easy position for teaching and moving.
      3. Encourages motor development (head and trunk control in sitting).
   b) Disadvantages
      1. A chair which is too big or improperly fit can encourage bad posture, deformities, and increased tightness.
   c) Positioning. When you finally position a student in sitting,:
      1. The back should be straight or leaning forward,
      2. The weight should be on thighs,
      3. Legs should be spread out at the thighs,
      4. Feet should be firmly placed on a surface,
      5. Hips, knees, and ankles should all be at 90°, a right angle, or greater,
      6. Arms should have somewhere to rest.









III. TRANSFERRING - Moving a client from one place to another

A) GENERAL PRINCIPLES

1. Plan the job.
2. Be sure there is sufficient space. Have the client move the least amount of distance as possible.
3. Do as little lifting as possible. Have the client bear as much weight on his legs, and push with his arms if he is able to do so.
4. Hold the client close to your body, guarding or guiding him under his arms.
5. Use your legs, not your back for power.
6. Keep your back straight and legs spread apart.
7. *7. Turn your feet, not your back. *

B) Wheelchair-to-chair (bed, toilet) STANDING TRANSFER

1. Angle wheelchair to transfer object.
2. Lock wheelchair brakes, raise footrests up, place clients feet on floor.
3. Client moves forwards to edge of chair, leaning head and upper body forwards as he moves.
4. Assistant faces client and holds client under his arms. Client either takes steps to the transfer object or is pivoted on his feet.
   ANGLE CHAIR TO MIDDLE OF BED, SO CLIENT CAN LIE DOWN WITHOUT HAVING TO MOVE AGAIN.

** C) Wheelchair-to-chair (bed, toilet) WITHOUT STANDING

1. Angle wheelchair to transfer object
2. Lock wheelchair brakes, raise footrests up, place client's feet on floor.
3. Facing client, lean him forwards with your arms under his and hands locked behind his back, lift him over to the transfer object.

** If client has a wheelchair with removeable armrests a sliding board may be used. Place one end of the board half way under the client's buttocks and the other end on the transfer object. Have the client actively slide across the board, or the assistant can do the work for him.

* ["8. Give a command to start the transfer."]

LIMITATION AND INTERVENTION FACTORS OF THE DIAGNOSTIC CATEGORIES OF CEREBRAL PALSY

1. Spastic.

   A. Limitations.

      1. Hypertone.
      2. Movements laboured or unable to move.
      3. Abnormal posturing.
      4. Perceptual problems, especially spatial relationships.
      5. Sensory loss.
      6. Possible seizure activity.
      7. Intelligence varies, tending to be lower than in athetoids.
      8. Usual involvement - quadreplegia, diplegia, hemiplegia.

   B. Intervention.

      1. Decrease hypertonus.
      2. Encourage selective movement patterns and break up abnormal total synergic.
      3. Avoid undue effort which produces associated reactions.
      4. Develop righting and equilibrium reactions.
      5. Counteract deformities (positioning).
      6. Weight bearing with mobility.

2. Athetoid with spasticity.

   A. Limitations.

      1. Muscle tone.
         a. Moderate spasticity, greater proximally.
         b. Athetosis distal joints.
         c. Fluctuates between normal and hypertonus.
         d. In some cases, flexor deformities at hips, elbows, knees.
      2. Lack of selective movements, and grading of muscle action. Little control throughout midranges.
      3. There may be an initial delay in voluntary movements. Involuntary movement may totally disrupt willed movement making it uncoordinated.
      4. Primitive reflex activity particularly seen in athetoids, is a conflict between grasp and withdrawal reflexes - seen in the hands and feet.

5. Paralysis of gaze movements may occur in athetoids - difficulty looking upwards and sometimes closing their eyes voluntarily.
6. Intelligence is frequently good and may be very high. Mental defect also occurs.
7. Hearing loss of a specific high frequency type caused by kernicterus in many athetoids.
8. Emotional lability.
9. Usual involvement - quadreplegia, hemiplegia.

B. Intervention.

1-6 See Spastic Interventions Section.
7. Control involuntary movements (prone-lying particularly helpful).
8. Develop midrange control.

3. Athetoid with tonic spasms.

A. Limitations.

1. Muscle tone.
   a. Fluctuates between hypo and hypertonicity.
   b. Lack of cocontraction - i.e., excessive flexion or extension.
   c. Strong postural asymmetry develop: scoliosis, kypho-scoliosis, dislocation of the hip on the "skull-side," long sitting produces hip and knee flexion contractures.
2. Strong ATNR, STNR and TLR.
3. Righting and equilibrium and protective reactions are absent.
4. Hardly any voluntary control of movements; strong intermittent tonic spasms, extreme postures of flexion or extension, and involuntary movements more distal than proximal.
5. Usual involvement - quadreplegias only.

B. Intervention.

1. Inhibit spasms.
2. Increase and normalize muscle tone with weight bearing, pressure and gentle inhibitory tapping.
3. Control of whole body at all times with emphasis on head, shoulder girdle, spine and arms.
4. Body alignment and symmetrical postures with head in midline.

5. Facilitation of righting, equilibrium, and protective reactions.
6. Teach control of movements throughout every range, and hold intermediate stages (placing).

4. Choreo-athetosis.

A. Limitations.

1. Muscle tone.
   a. Fluctuating.
      Hypotonic to normal.
      Hypotonic to hypertonic.
   b. Lack of coordination.
   c. Deformities are rare, but subluxation may occur at shoulders and finger joints.
2. Intermittent tonic reflex patterns.
3. Righting and equilibrium present, to some extent, but with abnormal coordination. Protective extension often absent.
4. Extreme ranges of movement; no grading of midranges. Large jerky movements. Involuntary movements more proximal than distal. Hands and fingers weak. Lack of selective movements and lack of fixation to movement.
5. Usual involvement-quadriplegies only.

B. Intervention.

1. Inhibit spasms.
2. "Upgrade" stimulation, but avoid overstimulation.
3. Increase and normalize muscle tone by weight-bearing, pressure and resistance.
4. Improve sustained postural tone and fixation during movement.

3-6 Athetoid with tonic spasm intervention.

5. Pure Athetoid (rare).

(Not discussed).

6. Ataxic.

A. Limitations.

1. Usually accompanied by athetosis, spasticity or both.

2. Muscle tone - usually hypotonic. Spasticity, if present, more in flexor than extensor patterns.
3. Disturbances of balance secondary to poor fixation head, trunk, shoulder and pelvic girdles. Some ataxics overcompensate with excessive balance - saving reactions in arms.
4. Voluntary movements.
   a. Clumsy or uncoordinated overreaches or underreaches for an object (dysmetrial).
   b. Difficulty initiating movement.
   c. Movements are in primitive patterns of flexion and extension, and movements requiring blending of two are difficult, i.e., flexion shoulder and extension elbow.
5. Tremors secondary to instability.
6. Poor fine hand movements.
7. Nystagmus may exist.
8. Intelligence is often low.
9. Visual, hearing and perceptual problems may occur.

B. Intervention.

1. Reduce spasticity and increase muscle tone.
2. Work for sustained contractions by holding positions.
3. Heavy tapping to increase and steady tone.

Those ataxias with athetosis treat as athetoids.

7. Flaccid (floppy).

A. Limitations.

1. Muscle tone.
   a. Flaccid-hips flexed, abducted, externally rotated, arms flexed, hands fisted.
   b. Intermittent extensor spasticity.
   c. T.N.R. not elicited.
   d. Respiration very shallow.
2. Deformities.
   a. Hip dislocation due to frog position.
   b. Feet may be in extreme dorsiflexion and eversion.

   c. In standing and walking they stand on heels.
3. T.L.R. is most pronounced; unable to raise head in prone and supine.
4. Righting, equilibrium and protective reactions absent.
5. May have hypermobility of joints.
6. Usual involvement - children usually become athetoid, sometimes spastic and are usually quadreplegia.
7. Intelligence can range from high to low.

B. Intervention.

1. Improve head control.
2. Breathing exercises.
3. Treatment should be slow, wait for reactions after stimulate muscles (bouncing and sitting are two good procedures).

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS PROJECT

ADAPTIVE EQUIPMENT LIST

WORKSHOP

Headsticks
Mouth Pointers
Bird Beak Paper Inserter
Table Writer
Large Grip Pens
Built-up Pencil & Crayon Holder
Writing Aid
Page Turner
Automatic Page Turner
Reachers
Push Button Telephone Adapter
Raised Large Print Telephone Dial

Scanning Calculator
Calculator With Grid
Typewriter Shield
Magnifier Lamp
Dycem Matting
Velcro
Velcro Belt
Wrist Weights
Weighted Vest
Jigs
Clamps
Adjustable Work Table

Telephone 313/763-3171

INDEPENDENT LIVING

SELF-CARE

- Extension Toothbrush
- Built-up Handle Toothbrush
- Elastic Shoe Laces
- Ring Zipper Pulls
- Velcro
- Quad-Quip Trouser Pulls
- Quad-Quip Hair Brush
- Suction Hand Brush
- Suction Hand Sponge
- Sponge Mit with Velcro Wrist Band
- Quad-Quip Wash Mit
- Deodorant Dispenser Handle
- Snap In Sponge Mop With Bucket
- Sponge Wand
- Wheelchair Use Broom and Dustpan
- Door Knob Helpers
- Grab Bars
- Bathtub Safety Rails
- Shower Chair
- Transfer Board
- Wheelchair Carryall

EATING

- Scoop Dishes
- Plate Guards
- Swivel Spoons
- Angled Spoons
- Rocker Knife-Fork
- Universal Cuffs
- Heavy Plastic Straws
- Strawholder
- Pedestal Cup
- Bilateral Glass Holder
- Cylindrical Foam Padding
- Dycem Matting
- Pulley Eater

EQUIPMENT DESCRIPTIONS

WORKSHOP

Headsticks

Used in communication as well as in performing various tasks (i.e. typing). These devices consist of a aluminum frame with a plastic and foam pad liners. An elastic band around the head keeps the frame in place. Also included is an elastic chin strap. Velcro is used at all points of attachment to facilitate adjustability. The pointer mechanism consists of a locking devise at the top of the frame into which either of the two size rods can be inserted. The rods have plastic coated tips. The length and angle of the rods are determined by a therapist.

Mouth Pointers

Can be used in the same manner as headsticks. The thick rubber piece is placed in the mouth and held firmly with the teeth. Generally these devices are custom made if to be used by an individual for any prolonged time period.

Bird Beak Paper Inserter

A 19 inch mouthstick that grasps for individuals who are unable to put paper into a typewriter because of limited reach or dexterity. The device is held in the mouth and the tongue is used to open the gripper. The paper is grasped by the bird beak and is transferred to the typewriter. An elevated stand is included which holds both the bird beak gripper and various sizes of paper.

Table Writer

An adaptive writing implement to aid a person who lacks functional grasp, finger control, movement of arm and forearm and has uncontrollable involuntary movements of the upper extremities. Can be used for communication means as well as in various academic and/or work tasks.

Large Grip Pens

Large "holding area", diameter is twice of regular pen. Much easier to grasp and use.

Built-Up Pencil & Crayon Holder

One inch diameter wooden built up holder to assist in gripping pencils, pens, etc. Turning the thumbscrew adjusts the size to clamp securely on the writing utensil.

Writing Aid

Hand rests on polished hardwood block as it is guided over paper. Helpful if gripping a pencil is uncomfortable.

Page Turner

Long plastic reading aid with clasp to fit hand enabling individual with limited grasp to turn pages.

Automatic Page Turner

Turns pages automatically with slightest touch if holding a book is tiring or dexterity makes it difficulty to turn pages (battery operated).

EQUIPMENT DESCRIPTION CONTINUED

Reachers
Used to pick up objects for those unable to. Can be used with one hand to secure hard as well as soft objects.

Pushbutton Telephone Adapter
Converts regular touch tone telephone into giant size buttons for those who need a large surface area for push button dialing.

Raised Large Print Telephone Dial
Large adhesive dial with large block numbers.

Scanning Calculator
Calculator has been modified to function using a single control switch rather than a keyboard. The keyboard is replaced with row column scanning lights. The user scans the location of the proper response using the selected control switch.

Calculator With Grid
Grid is affixed to calculator to provide more directed finger movements.

Typewriter Shield
This is a shield placed over the typewriter to guard against unwanted finger movements. Keys are slightly recessed when shield is in position so persons with incoordination can type.

Magnifier Lamp
High intensity lamp in stand. Provides exceptionally clear and enlarged images for a broad variety of activities.

Dycem Matting
A non-slip plastic to solve holding problems. Available by the yard.

Velcro
Hook and loop fastening tape in various sizes and lengths.

Velcro Belt
A belt with a ring made of velcro. Adjusts to all sizes.

Wrist Weights
Weight enclosed in a washable plastic cuff that is placed around wrist and attached with velcro and is used to increase stability of movements.

Weighted Vest
Vest with weighted pockets which are sewn in at shoulders. Used to increase posture tone and stability (custom made).

Jigs
Various jigs are in the workshop to stabilize materials to help clients perform tasks. Examples include jigs for assembly tasks to hold parts in one place.

Clamps
Used to secure materials and jigs in the work environment.

Adjustable Work Table
Table that can be adjusted to wheelchair height or level which allows maximum movements for individual clients.

INDEPENDENT LIVING

Self-Care

Extension Toothbrush
Long handled toothbrush has dual brush head and a lock. The two brushes are adjusted for best brushing position and locked into place.

Build-up Handle Toothbrush
Build-up handle affixed on end of brush for those who have poor grasp.

Elastic Shoe Laces
Permits hard shoes to be slipped on or off without tying or untying.

Ring Zipper Pulls
For those who are unable to pull regular zipper tabs. This 1" ring with snap, hooks into regular tab and makes zipping and unzipping easier.

Velcro
Hook and loop fastening tape in various sizes and lengths.

Quad-Quip Trouser Pulls
An aid to assist an individual in putting on his trousers. A plastic hook is slipped into the side belt loops. The hands are slipped through the webbing loops and the trousers are placed over the feet. By pulling and rolling from side to side, it is possible to pull the trousers up.

Quad-Quip Hair Brush
Large size hand held brush with soft plastic teeth to comb your hair.

Suction Hand Brush
Nylon bristles set in plastic with two suction cups that can be affixed to the sink or other desired surface.

Suction Hand Sponge
A soft cellulose sponge with plastic base and two suction cups.

Sponge Mit With Velcro Wrist Band
A plastic sponge mitt that has a large opening so that persons with minimal hand function can put it on.

Quad-Quip Wash Mit
Wash mitt with velcro wrist closure for those with limited grasp. Thumb unlocks the velcro.

EQUIPMENT DESCRIPTIONS CONTINUED

Deodorant Dispenser Handle

Long lever extends over top and down side of can to make it easy for individuals with hand problems to operate a spray can.

Snap In Sponge Mop With Bucket

This is a wringer design for the one handed user which wrings the mop by pressing it into the wringer attachment. Includes a fifteen quart bucket.

Sponge Wand

Large sponge with long off set handle.

Wheelchair Use Broom and Dustpan

30" broom convenient for wheelchair usage and fold-up dustpan which drops on the way to the wastebasket.

Door Knob Helpers

Large rubber lever which fits over standard size knob to permit easy opening to one will not have to grab fully the door knob to open the door.

Grab Bars

Coated steel tubings, to provide maximum safety. Can be installed wherever needed in home or work settings, etc.

Bathtub Safety Rails

Installed in bathtub to aid someone in getting in and out of the bathtub.

Shower Chair

Chair which fits in bathtub which an individual can sit in to bathe.

Transfer Board

Sliding board used for transferring from wheelchair to bed or car. Each end of board is tapered to 1/2" thickness to make it as easy as possible for easy slide on and off.

Wheelchair Carryall

Convenient for regularly needed items. Fastens securely to chair arm by two Velcro straps. Use on either side. Won't interfere with wheelchair desk or propelling. Full length zipper top. Four outside pockets 2 each side. 14" x 7 1/4"

EATING

Scoop Dishes

Molded low in front and high in back with a non-skid rubber padded bottom.

Plate Guards

A molded guard that fits onto any 9-11 inch plate three clips hold the guard on by spring action.

EQUIPMENT DESCRIPTION CONTINUED

Swivel Spoons
Eating utensils with swivel mechanism which stays level when wrist or finger motion are absent.

Angled Spoons
Spoons that are angled with shallow bowls and a flat approach. For eating without turning the utensil.

Rocker Knife-Fork
Curved knife with three prongs for picking up food.

Universal Cuffs
Leather ADL cuffs with an elastic strap which holds various utensils.

Heavy Plastic Straws
Made of clear plexiglass with a 1/2" hole.

Strawholder
Designed to fit all sizes of straws, spring clamps fastens to the lip of the glass to hold the long straw at a right angle.

Pedestal Cup
A eight ounce melaware cup designed to allow an individual to slip his thumb and index finger under the cup when finger grasp is absent.

Bilateral Glass Holder
A heavy-duty steel-handled glass holder with plastic coating (clamp adjusts to any size glass).

Cylindrical Foam Padding
Foam padding to build up eating utensils handles.

Dycem Matting
A non-slip plastic to solve holding problems. Available by the yard.

Pulley Eater
Specifically constructed eating instrument for the person who has difficulties eating independently. Eliminates need for basic components of eating such as grasp and stabilization of wrist.

MANUFACTUERS OF EQUIPMENT

Abbey Medical Rehabilitation
Equipment
(800) 421-8017

American Foundation for the Blind
Consumer Products Department
15 West 16th St.
New York, NY 10011

Fashion Able
Self Help Items
Rocky Hill, NJ 08553

G.E. Miller, Inc.
484 South Broadway
Yonkers, NY 10705
(800) 431-2924

Fred Sammons, Inc.
Professional Self-Help Aids Catalog
Box 32
Brookfield, IL 60513
(800) 323-7305

Prentke Remich Company
R.D. 2 Box 171
Shreue, Ohio 44676
(216) 567-2906

Techni Flair
Adaptive Clothing Manufacturers
Box 40
Cotter, ARK 72626
(800) 643-5656

Wright & Filippis
Therapeutic Aids and Home Equipment
19326 Woodward Ave.
Detroit, MI 48203
(313) 368-3300

PUBLICATIONS

Accent On Living Magazine
P.O. Box 700
Bloomington, IL 61701
(quarterly publication)

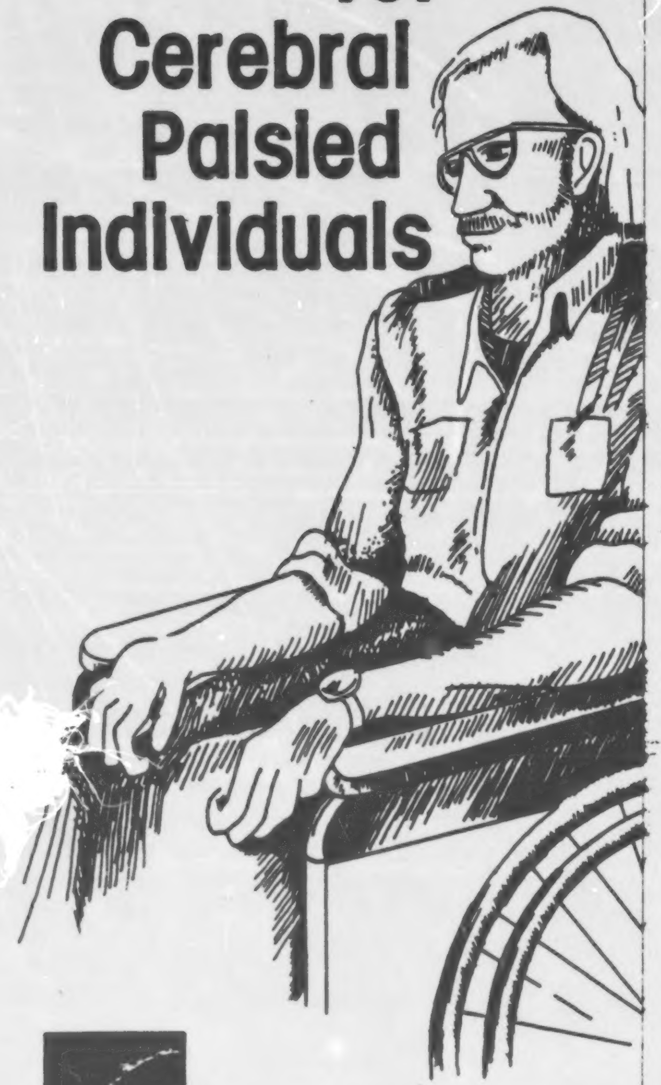
Rehab Source Book
Product Directory
P.O. Box 1856
Winter Park, FLA 32790

Meal Time Manual For People With Disabilities
Campbell Soup Co.
Box (mm) 56
Camden, NJ 08101

APPENDIX 2-19

VIDEOTAPE BROCHURE

Vocational Technology for Cerebral Palsied Individuals



The University of Michigan • Ann Arbor
Institute for the Study of
Mental Retardation and Related Disabilities

THE PURPOSE

The project, "Vocational Technology for Cerebral Palsied Individuals"* is designed to demonstrate a model of vocational evaluation, work adjustment training, and placement services for adolescents and adults with cerebral palsy.

THE PROGRAM

This program illustrates a research and demonstration project which developed a test model of vocational evaluation, work adjustment training, and placement assistance to individuals with cerebral palsy, over a three year period at The University of Michigan and shows a project participant going through the process. The program also outlines various technologies and strategies used throughout the phases of the project. The tape is designed to be helpful to service providers working in vocational programming with a cerebral palsied population.

23 minutes

Vocational Technology for Cerebral Palsied Individuals was made possible through a federal project from Rehabilitation Services Administration, Grant No. G 008004866.

RENTAL INFORMATION

Price: $20.00 for the videocassette
(3 day rental period)

Contact: Videotape Rental Library
Michigan Media
400 Fourth Street
Ann Arbor, MI 48109

(313) 764-8298

Permission to Copy:
This project is supported by grant No. 50-P-25690/5-01 from the Developmental Disabilities Office, Region V, Department of Health, Education and Welfare.

All programs are available on 3/4" U-Matic videocassettes only.

APPENDIX 2-20

FACILITIES IN MICHIGAN

I. REHABILITATION FACILITIES

Ack-Co Services, Inc.
2009 Corunna Avenue
Owosso, Michigan 48867

Allegan County Workshop
P.O. Box 32 - 212 Grove Street
Allegan, Michigan 49010

Arnold Center
400 Wexfold Street
Midland, Michigan 48640

Asgard Enterprises
2889 Aero Park Drive
Traverse City, Michigan 49684

Caro Area Services for the Handicapped (CASH)
1186 Cleaver Road
Caro, Michigan 48723

Copper Country Sheltered Workshop, Inc.
602 Eecla Street
Hancock, Michigan 49930

E.B.I. Breakthru, Inc.
821 Fourth Street
Lake Odessa, Michigan 48849

Flint G.W.I., Inc.
501 S. Averill Avenue
Flint, Michigan 48501

Gateway, Inc.
P.O. Box 272
Sylvester at Shiawassee
Berrien Springs, Michigan 49103

Gaylord Opportunity Center
525 Barnyard Blvd.
P.O. Box 553
Gaylord, Michigan 49735

G.W.I. of Battle Creek, Inc.
373 W. Michigan Avenue
Battle Creek, Michigan 49017

G.W.I. of Central Michigan
617 N. Mechanic Street
Jackson, Michigan 49202

G.W.I. of Greater Grand Rapids, Inc.
201 Sheldon Blvd., S.E.
Grand Rapids, Michigan 49502

G.W.I. of Muskegon County
271 Apple Avenue
Muskegon, Michigan 49442

G.W.I. of Northern Wisconsin and Upper Michigan, Inc.
1650 Pierce Avenue
Marinette, Wisconsin 54143

G.W.I. of St. Clair County
1013 26th Street
Port Huron, Michigan 48060

G.W.I. of S.W. Michigan, Inc.
2700 N. Pitcher Street
Kalamazoo, Michigan 49007

G.W.I.-LARC Rehabilitation Center
600 E. Beecher Street, Box 825
Adrian, Michigan 49221

High Point Evaluation Unit
Washtenaw ISD Service Center
P.O. Box 1406
18195 Wagner Road
Ann Arbor, Michigan 48103

C. L. Hoogerland Memorial Workshop
902 Michigan Avenue
St. Louis, Michigan 48880

Jay Shop, Inc.
197 Oakland Avenue
Pontiac, Michigan 48058

Jewish Vocational Service and Community Workshop
4250 Woodward Avenue
Detroit, Michigan 48201

Kandu Industries, Inc.
276 N. 13th Street
Holland, Michigan 49423

Key Opportunities, Inc.
400 N. Hillsdale Street
Hillsdale, Michigan 49242

League-Goodwill
3132 Trumbull Street
Detroit, Michigan 48216

Macomb Comprehensive Center
(LH/GWI - MCRC)
22915 Gratiot Street
East Detroit, Michigan 48021

MOARC Workshop and Activity Center, Inc.
P.O. Box 66
21685 Northland Drive
Paris, Michigan 49338

Monroe Opportunity for Rehabilitation Enrichment, Inc.
(MORE)
942 East First Street
Monroe, Michigan 48161

New Dimensions
1707 Marquette Street
Bay City, Michigan 48706

New Horizons of Oakland County
117 Turk Street
Pontiac, Michigan 48053

II. SHELTERED WORKSHOPS, INCLUDING WORK ACTIVITY CENTERS

ADAPT, Inc.
10 Vans Avenue
Coldwater, Michigan 49036

ARCH Workshop, Inc.
511 W. Lafayette Street
Sturgis, Michigan 49091

Bergmann Center
201 E. Garfield Street
Charlevoix, Michigan 49720

Community Industries
Genesee County CMH Services
2010 N. Dort Highway
Flint, Michigan 48506

Dimensions Unlimited
2160 U.S. 10
Ludington, Michigan 49431

E.B.I. Breakthru, Inc.
Hastings Branch
Old M-79
Hastings, Michigan 49058

E.B.I. Breakthru, Inc.
Belding Branch
8630 Story Road
Belding, Michigan 48809

G.W.I. of Battle Creek, Inc.
Battle Creek Branch
125 Grand Trunk Avenue
Battle Creek, Michigan 49015

Growth Opportunity, Inc.
2045 N. Lapeer Road (M-24)
Lapeer, Michigan 48446

Huron County Sheltered Workshop
P.O. Box 277
1263 Sand Beach Road
Bad Axe, Michigan 48413

Macomb Association for Retarded Citizens
49599 Gratiot Street
Mt. Clemens, Michigan 48043

McKercher Rehabilitation Center, Inc.
210 E. Vine Street
Kalamazoo, Michigan 49501

Men-O-Mee Work Activity Center
P.O. Box 215
Hermansville, Michigan 49847

Mid-Michigan Work Activity Center, Inc.
Box 66 - 3480 S. Isabella Road
Mt. Pleasant, Michigan 48858

New Horizons of Oakland County
Madison Heights Branch
36 E. 14 Mile Road
Madison Heights, Michigan 48071

Newday Industries
465 Clay Street
Newaygo, Michigan 49337

Pine Rest Christian Rehabilitation Services, Inc.
Kent Community Industries Branch
3375 S. Division Street
Grand Rapids, Michigan 49508

Progressions Work Center
823 S. State Street
Hart, Michigan 49430

Soo Sheltered Workshop
1401 W. Easterday Street
Sault Sainte Marie, Michigan 49783

Tri-County Diversified Industries
2222 Spikes Street
Lansing, Michigan 48906

Northeastern Michigan Rehabilitation and Opportunity
Center (NEMROC)
P.O. Box 645
900 Bolton Street
Alpena, Michigan 49707

Northern Opportunities Center, Inc.
1610 Corwin Street
Cadillac, Michigan 49601

Ralf A. Peckham Rehabilitation Center
930 W. Homes Road
Lansing, Michigan 48910

Pine Rest Christian Rehabilitation Services, Inc.
6850 S. Division Avenue
Grand Rapids, Michigan 49508

ROOC of the COOR ISD
11051 North Cut Road
Roscommon, Michigan 48653

Saginaw Valley Rehabilitation Center, Inc. (SVRC)
1720 Hess Street
Saginaw, Michiga 48601

TRICO Opportunities, Inc.
800 Crystal Lake Blvd. - Box 725
Iron Mountain, Michigan 49801

Work Skills Center, Inc.
9905 Webber Road - Box 1E
Brighton, Michigan 48116

Van Buren County Work Activity Center
P.O. Box 177
Bangor, Michigan 49013

Westgate Center, Inc.
P.O. Box 367
Hospital Street
Cassopolis, Michigan 49031

III. SPECIALIZED REHABILITATION FACILITIES

Easter Seal Society for Crippled Children & Adults of
Grand Valley, Inc.
4065 Saladin Drive, S.E.
Grand Rapids, Michigan 49506

State Technical Institute and Rehabilitation Center
Alber Drive
Plainwell, Michigan 49080

Mary Free Bed Hospital and Rehabilitation Center
235 Wealthy Street, S.E.
Grand Rapids, Michigan 49503

Northern Michigan University
Vocational Skills Center
600 Altamont Street
Marquette, Michigan 49855

Rehabilitation Institute
261 Mack Blvd
Detroit, Michigan 48201

University of Michigan
Department of Physical Medicine and Rehabilitation
Room E-3117
University Hospital
Ann Arbor, Michigan 48104

APPENDIX 2-21

OCCUPATIONS FOR HOMEBOUND CLIENTELE

POSSIBLE OCCUPATIONS FOR HOMEBOUND CLIENTELE

1. Sales:
    - A. Mail Order
    - B. Amway, Avon, Tupperware, etc.
    - C. Gift Items
2. Telecommunications:
    - A. Telephone Answering
    - B. Telephone Surveying
    - C. Micro-film
    - D. Computer Programming
    - E. Keypunch Operator
    - F. Services to the Blind, i.e., tapes, reading, etc.
    - G. Monitor for TV Networks on Commercials
    - H. Phone answering business.
3. Clerical, Stenographic, etc.:
    - A. Typing, i.e., recipes, term papers, etc.
    - B. Public Stenographer
    - C. Legal Transcribing
    - D. Bookkeeping
    - E. Accounting
    - F. Income Tax Preparation
    - G. Editing
    - H. Book Reviewing
    - I. Newspaper Clipping
4. Repair and Restoration:
    - A. Chair Painting
    - B. Furniture Refinishing
    - C. Typewriter Repair
    - D. Scissor Sharpening
    - E. Bicycle Repair
    - F. Small Appliance Repair
    - G. TV and Radio Repair
    - H. Upholstery
    - I. Welding
    - J. China Repairing
    - K. Doll Hospital
5. Teaching:
    - A. Music Lessons
    - B. Craft Lessons
    - C. Foreign Language
    - D. Academic Tutoring
    - E. Cooking
    - F. Sewing

6. Creative Services:

   - A. Seamstress, Tailoring
   - B. Drapery Making
   - C. Picture Framing
   - D. Cake Decorating
   - E. Electroplating
   - F. Printing
   - G. Floral Arranging
   - H. Engraving
   - I. Rubber Stamp Making
   - J. Sign Painting
   - K. Candy Making
   - L. Baking
   - M. Photographing Services
   - N. Adaptive Equipment
   - O. Cake Decorating

7. Horticulture:

   - A. Floral Arranging
   - B. Plant Care
   - C. Plant "Sitting"

8. Personal Services:

   - A. Beautician
   - B. Child Care
   - C. Lawn Maintenance
   - D. Translator
   - E. Photo Retouching
   - F. Dental Laboratory Technician

9. Coordinating Services:

   - A. Fund Raising Drives
   - B. Substitute Teachers
   - C. Volunteer Programs
   - D. Travel Agent
   - E. Independent Insurance Agent
   - F. Cab Dispatcher

10. Professional Services:

   - A. Social Worker
   - B. Psychologist
   - C. Examiner
   - D. Counselor

11. Subcontract Work for Factory Small Assembly, etc.

12. Small Business Enterprises:

A. Development of Adaptive Equipment for: Special education, Schools, Hospitals, etc.
B. Coin and Stamp Business
C. Newsletter Service
D. Hobby Store
E. Wood Products Manufacturing

APPENDIX 2-22

PLACEMENT BIBLIOGRAPHY

PLACEMENT

References

Botterbusch, K.F. A Guide to Job Site Evaluation, Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, Wisc[illegible]n 54751, 1978.

This guide provides the vocational evaluator with procedures, ideas, and examples that will insure successful use of job sites in assessing client potential.

Ferrini, P., Matthews, B.L., Foster, J., Workman, J. The Interdependent Community: Collaborative Planning For Handicapped Youth, Leader's Handbook, Technical Education Research Centers, 44 Brattle Street, Cambridge, Massachusetts 02138.

This handbook presents a model of collaboration between community organizations in providing services to the handicapped. The model was designed to overcome many of the common barriers to interagency collaboration.

Jacobs, A.M., Larsen, J.K., Smith, C.A. Handbook for Job Placement of Mentally Retarded Workers, 3rd edition, American Institutes for Research in the Behavioral Sciences, Palo Alto, California, 1979.

The Handbook suggests an approach for designing an overall job placement program and includes 158 job profiles suitable for people with mental retardation.

Job Placement For People With Severe Disabilities, Region III Short Term Training Program, Job Development Laboratory, The George Washington University Medical Center, Rehabilitation Research and Training Center (RT-9), 2300 Eye Street, N.W., Washington, D.C. 20037.

A collection of papers presented during the March, 1978, Job Placement for Severely Disabled: Region III Short Term Training Program. Topics include: job development, job analysis, environmental modifications, and job restructuring.

Mallik, K., Yuspeh, S. Job Development And Enhanced Productivity For Severely Disabled Persons, Job Development Laboratory, Rehabilitation Research and Training Center (RT-9) The George Washington University, Washington, D.C. 20037, 1979.

This final report describes activities and outcomes of a job placement model designed for severely disabled persons. Activities of particular importance to the placement specialist include: job development, job analysis, and job site modifications.

Rusch, F.R., Mithaug, D.E. Vocational Training For Mentally Retarded Adults, A Behavior Analytic Approach, Research Press, 2612 N. Mattis Avenue, Champaign, Illinois 61820.

This book contains guidelines, practical suggestions and step by step techniques for training and placing mentally retarded individuals into competitive employment.

Rehabilitation Engineering: A Counselor's Guide, Sixth Institute on Rehabilitation Issues, Research and Training Center, Stout Vocational Rehabilitation Institute, Menomonie, Wisconsin, 1979.

This document provides introductory information on rehabilitation engineering and resources that are relevant to rehabilitation counselors.

Shaver, E., and Mallik, K. Working With Cerebral Palsy, Job Development Laboratory, Division of Rehabilitation Medicine, George Washington University, Washington, D.C., 20037, 1981.

This book contains specialized evaluation techniques used to develop job potentials of cerebral palsied individuals, interviews with working cerebral palsied individuals, and listings of alternate methods and devices which can be used to compensate for lost or impaired functioning.

Vandergoot, D., Byrnes, P., Jacobsen, R.J. A Compendium of Placement - Related Literature, Human Resources Center, Albertsen, Long Island, New York, 1978.

The compendium contains a collection of placement literature abstracts consisting of conceptual literature and empirical research.

Wehman, P., Hill, J. Vocational Training and Placement of Severely Disabled Persons, Volume II., Richmond, Virginia: School of Education, Virginia Commonwealth University, 1980.

A two-year progress report on the competitive employment of 33 severely disabled persons. Issues discussed include: on-the-job training strategies to overcome specific difficulties, employer and nonhandicapped co-worker perceptions of moderately and severely retarded workers, and parental perceptions of employment for severely disabled individuals.

Weisgerber, R.A., Dahl, P.R., Appleby, J.A. Training The Handicapped For Productive Employment, American Institutes for Research in the Behavioral Sciences, Palo Alto, California, 1980.

This book covers many facets in the process of training and mainstreaming the handicapped into successful vocational and occupational pursuits.

APPENDIX 2-23

AGENCY CONTACTS

AGENCY CONTACTS

1. Adrian Goodwill Industries
2. Alger-Marquette, C.M.H.
3. American Association of Mental Deficiency
4. Ann Arbor Association for Adult Literacy
5. Ann Arbor Center for Independent Living
6. Ann Arbor City Council
7. Ann Arbor Comprehensive Employment Training Act
8. Ann Arbor Department of Social Services
9. Ann Arbor Transportation Authority
10. Arnold Center, Midland, MI
11. Asgard Enterprises, Traverse City, MI

12. Beach Nursing Home
13. Beekman Center Workshop, Inc., Lansing, MI
14. Beverly Manor Nursing Home
15. Beyer Hospital

16. CAP Inc.
17. Caro Rehabilitation Services
18. Cedar Knoll Nursing Home
19. Center for Independent Living, Detroit, MI
20. Cerebral Palsy Adult Home Inc.
21. Commission for the Blind
22. Community Development Center
23. Community Living Center

24. Detroit League Goodwill
25. Detroit Orthopedic Clinic

26. E.B.I. Breakthru Inc., Lake Odessa
27. Eastern Michigan University - Housing Coordination Office, Office of Disabled Student Services, Occupational Therapy.
28. Easter Seals Rehabilitation Center, Joliet, IL
29. Evergreen Hills Nursing Home

30. Farmington Training Center
31. Flint Goodwill Industries

32. Genessee County-Community Mental Health
33. Goodwill Industries of Central Michigan
34. Grand Rapids Goodwill Industries
35. Grand Traverse Project, Traverse City, MI

36. High Point Vocational Services
37. Hillcrest Development Center
38. Hope Activity Center
39. Huron County Sheltered Workshop, Bad Axe

40. Ileo Project, Lansing, MI

41. Jackson - Department of Public Health
    Department of Social Services
42. Jackson - Goodwill Industries
43. Jackson - Hillsdale Community Mental Health
44. Jenkins Center, Kalamazoo, MI
45. Jewish Vocational Services, Detroit
46. Jewish Vocational Services, Oak Park, MI

47. Kandu Industries

48. Lamplighter's Workshop
49. Lansing Center for Independent Living
50. Lansing Department of Public Health
51. Lapeer County Community Mental Health Center
52. Life Consultation Center - Mt. Clemens
53. Livonia Skills Center
54. Luthern Rest Home

55. Macomb County Association for Retarded Citizens
56. Macomb-Oakland Regional Center
57. Manistee-Benzie Community Mental Health Services
58. Mason County Intermediate School District
59. McKercher Rehabilitation Center
60. Medical Center Bureau of Rehabilitation
61. Michigan Association of Retarded Citizens
62. Michigan Department of Mental Health
63. Michigan Department of Social Services
64. Michigan Protection and Advocacy
65. Michigan Rehabilitation Association of Facilities
66. Michigan Technical Institute
67. Millet Learning Center
68. Monroe Care Center
69. Monroe County Mental Health Center
70. Monroe Senior Citizens Center
71. Montcalm Work Activity, Sidney
72. M.O.R.E.
73. Mott Hospital, Flint, MI

74. New Horizons Workshop
75. New York - United Cerebral Palsy and Opportunity Center
76. Northern Opportunities Center, Cadillac, MI

77. Oakdale Regional Center for Developmental Disabilities
78. Oakland County Mental Retardation Center
79. Owosso Community Mental Health

80. Parkview Rest Home
81. Peoria Association for Retarded Citizens, Peoria, IL
82. Perry Nursery School
83. Physically Impaired Association of Michigan Lansing, MI
84. Pine Rest Vocational Services, Grand Rapids, MI

85. R.O.O.C., Inc. - Roscommon
86. Rackham School - Ypsilanti Public Schools
87. Rehabilitation Engineering Services
88. Rehabilitation Institute, Detroit
89. Roundtable Group Home

90. Saginaw Community Hospital
91. Saginaw Valley Rehabilitation Center
92. Star Inc.
93. State Technical Institute Rehabilitation Center, Plainwell

94. Transitional Living Program, Ann Arbor

95. University of Michigan
96. Botanical Gardens Housing, Disabled Student Services
(School of Business Library)

97. Village Green Nursing Home
98. Virginia - Department of Rehabilitation Services

99. Washtenaw Community College
100. Washtenaw County Association of Retarded Citizens
101. Wayne County Association of Retarded Citizens
102. Woodrow Wilson Center, VA
103. Work Skills Center Inc.

104. Ypsilanti Community Services

UNITED CEREBRAL PALSY AFFILIATE CONTACTS

1. UCP of Battle Creek
2. UCP of Bay City
3. UCP of Berrian County
4. UCP of Detroit
5. UCP of Jackson
6. UCP of Jacksonville, Florida
7. UCP of Lansing
8. UCP of Michigan
9. UCP of Middlesex County
10. UCP of New York

INTERMEDIATE SCHOOL DISTRICTS CONTACTS YEAR III

1. Alger-Marquette
2. Berrian Springs
3. Caro
4. Chelsea
5. Cherry Hill
6. Garrish-Higgins
7. High Point
8. Hillsdale
9. Ingham
10. Livonia
11. Mason County
12. Monroe
13. Mt. Pleasant
14. Northville
15. Owosso
16. Pontiac
17. Rackham
18. Swiawasee
19. Traverse City
20. Van Buren
21. Washtenaw
22. Wayne-Westland
23. Willow Run
24. Ypsilanti

MICHIGAN REHABILITATION SERVICES CONTACTS

1. Alpena
2. Ann Arbor - Ypsilanti
3. Battle Creek
4. Bay City
5. Benton Harbor
6. Caro
7. Flint
8. Gaylord
9. Grand Rapids
10. Jackson
11. Lansing
12. Livonia
13. Marquette
14. Medical Center
15. Monroe
16. Mt. Clemens
17. Muskegon
18. Oak Park
19. Pontiac
20. Port Huron
21. Royal Oak
22. Saginaw
23. Sault St. Marie
24. Toledo
25. Traverse City
26. Warren
27. Western Wayne County
28. Wyandotte

REHABILITATION AGENCIES OUTSIDE MICHIGAN YEAR III

1. Cincinnati, Ohio
2. Dayton, Ohio
3. Kankakee, Illinois
4. Marion, Ohio
5. Oregon, Ohio
6. Sandusky, Ohio
7. Tiffin, Ohio
8. Toledo, Ohio

APPENDIX 2-24

PROJECT EVALUATION INFORMATION

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS

EVALUATION

____

Project Participant

To determine whether or not Vocational Technology for Cerebral Palsied Individuals (VTCPI) project met our participants needs and our objectives, we would like for you to fill out the following confidential evaluation form.

1) What services did you or/your family member receive as a participant in the VTCPI project?

________________Assessment of current skills

________________Work adjustment training

________________Residential programming

________________Placement assistance

________________Follow-up

2) The information received from the assessment was:

extremely valuable 5 4 3 2 1 of no value

3) The work adjustment training was:

highly beneficial 5 4 3 2 1 of no benefit

not applicable________________

4) The residential component of the program was:

very good 5 4 3 2 1 poor

not applicable________________

5) The placement assistance was:

highly beneficial 5 4 3 2 1 of no benefit

not applicable________________

6) Follow-up placement services were:

very adequate 5 4 3 2 1 inadequate

not applicable________________

7) What were the major strengths or positive aspects of the VTCPI project?

____

____

8) What were the major weaknesses or negative aspects of the VTCPI project?

____

____

9) Overall, the VTCPI project was:

highly beneficial 5 4 3 2 1 of no benefit

Person filling out form ____________________

THANK YOU FOR YOUR ASSISTANCE
PLEASE RETURN FORM IN SELF-ADDRESSED ENVELOPE

INSTITUTE FOR THE STUDY OF MENTAL RETARDATION
AND RELATED DISABILITIES

ISMRRD

The University of Michigan
130 South First Street
Ann Arbor, Michigan 48104

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS
(VTCPI)

____
Employee

1) What services did you receive as a participant in the VTCPI Project:

   ________________ On-The-Job Training
   ________________ Financial Reimbursement
   ________________ Initial Supervision
   ________________ Follow-up
   ________________ Job Site Modifications

2) The work of the on-the-job trainer was:

   excellent 5 4 3 2 1 poor
   not applicable _________

3) The financial reimbursement of the employee's wages during training was:

   very adequate 5 4 3 2 1 inadequate
   not applicable _________

4) The initial supervision provided by project staff was:

   highly beneficial 5 4 3 2 1 of no benefit
   not applicable _________

5) The follow-up services were:

   very adequate 5 4 3 3 1 inadequate
   not applicable _________

6) The job site modifications were:

   highly beneficial 5 4 3 2 1 of no benefit
   not applicable _________

Telephone 313/763-3171

7) Overall, the services provided by the VTCMI project were:

highly beneficial 5 4 3 2 1 of no benefit

Comments/Recommendations: ______________________________

____

____

____

____

Person filling out form ______________________________

* THANK YOU FOR YOUR ASSISTANCE *
PLEASE RETURN FORM IN SELF-ADDRESSED ENVELOPE

SUMMARY

PROJECT EVALUATION RATINGS

	CLIENTS	AGENCIES	COMPOSITE RATING
Information Received from the Assessment.	3.84	4.11	3.97
Work Adjustment Training	4.06	4.1	4.08
Residential Program	3.8	3.6	3.69
Placement Assistance	3.5	4.8	3.93
Follow-up Placement Services	3.7	4.3	4
Project, Overall Rating	4.1	3.9	4

Rating Scale 1-5. See evaluation forms.

PARENT'S COMMENT

The results of the overall program made a new life for the family. It made a new person. He now feels he is worthwhile. He has a job which he loves. He is always ready to go to work. which John Gray did a wonderful job in placing and following up on. We appriciate it very much.

He has been working now for 1½ years. His employer is very satisfied.

The hearing aid he receved while he was there, which we had tried several through out his life that did no good, has helped become a new person. I'm sure His speech has improved and he now joins conversations. He has a much better social life

The over all effect of being able to hear and the responsability of having a job has made him a man, rather than a kid.

I ~~go~~ could go on and on about the benefits we all have received from this program

I do hope you receive funding to continue the program

Sincerely

APPENDIX 2-25

STUDENT OBJECTIVES

VOCATIONAL TECHNOLOGY PROJECT FOR ADULTS WITH CEREBRAL PALSY

Student Objectives

Inservice and Preservice Training

Awareness

1. Basic concepts of cerebral palsy.
   a. Attend a project inservice training session.
   b. View the orientation to the Vocational Technology Project videotape.
2. Contemporary issues for cerebral palsy.
   a. Read the original grant proposal for the Vocational Technology Project.
   b. Review project informational literature.
3. Roles and expectations of individual disciplines.
   a. View the Vocational Technology videotape.
   b. Read the individual disciplinary evaluations of project clients.
4. Interdisciplinary process.
   a. Observe a client evaluation.
   b. Attend a Vocational Technology client staffing.

Knowledge

1. Basic knowledge of cerebral palsy.
   a. View the videotape on Motor Aspects of Cerebral Palsy.
   b. View medical lecture: Cerebral Palsy videotape.
2. Contemporary issues.
   a. Review or add to the annotated bibliography on assessment, work adjustment training, and placement.
   b. Read project reports of other relevant projects.

3. Disciplinary roles and expectations.

   a. View the videotape on non-oral communication.

   b. Interview the physical therapist, occupational therapist, speech pathologist, special educator, or rehabilitation counselor who work with project clients.

4. Interdisciplinary

   a. Participate two days as a residential attendant from 3:00-11:00 p.m.

   b. Participate as a disciplinary evaluator in the development of an I.H.P. for a client.

Skill

1. Basic concepts of Cerebral Palsy.

   a. Administer an assessment to an adult with Cerebral Palsy with either a motor or a perceptual component to it.

   b. Write report of findings from assessment.

2. Contemporary Issues.

   a. Assist in the residential placement of a client.

   b. Serve as a community advocate in arranging a job for a client.

3. Disciplinary.

   a. Perform the task analysis on a new work task or independent living skill.

   b. Implement a success-oriented training program with an adult with cerebral palsy using specialized strategies and techniques developed by project staff.

APPENDIX 2-26

REGIONAL TRAINING WORKSHOP INFORMATION

ISMRRD

University of Michigan
Institute for the Study of Mental Retardation and
Related Disabilities
Announces:

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS*

TRAINING WORKSHOP

● PURPOSE

The workshop will provide an overview of an effective service delivery program for individuals with cerebral palsy. Emphasis will be placed on technologies and strategies utilized for evaluation, training, and placement of cerebral palsied individuals.

● DESIGNED FOR

The program is designed for Rehabilitation Facility Personnel, Bureau of Rehabilitation Counselors, Special Educators, and other direct care service providers working with individuals with cerebral palsy.

● PRESENTERS

PROJECT STAFF

Sher Pazner Baker	Project Associate
Lucille Chin	Rehabilitation Counselor
Penny Snyder	Placement Coordinator

● TOPICS

Utilizing the Service Delivery System
Selecting Assessment Tools
Improving Client Training Techniques
Developing Innovative Placement Strategies
Improving Workshop Supervision Strategies
Developing Adaptive Equipment
Methods of Job Site Modifications

---

* VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS is a federal project supported by Rehabilitation Services Administration, Grant #008004866.

Project objectives focus on the development and implementation of a model of rehabilitation services for adolescents and adults with cerebral palsy.

MEETING TIMES:	The workshop will begin promptly at 9:30 and end at 12:30. Registrants may begin arriving 30 minutes beforehand to check in and pick up workshop materials.
FEES:	There are no charges for this workshop. However, all expenses incurred for travel, lodging, etc. are the responsibility of the participant.
NOTE:	Confirmation of registration will be forwarded by mail. Pre-registration is required 10 days prior to each workshop date. Detailed workshop content and other pertinent information will be forwarded to confirmed participants.

Return registration form to:
VTCPI
Training Workshop
The University of Michigan
Institute for the Study of Mental Retardation and Related Disabilities
130 S. First Street, Ann Arbor, MI 48104

(Please print)

Name ______________________________ Day Phone ______________

Agency ____________________________ Position ______________

Address ____

City ____________________ State ______________ Zip __________

To register please circle the session you plan to attend:

LANSING DETROIT GRAND RAPIDS TRAVERSE CITY MARQUETTE

☐ Check here to receive a map and driving directions to the workshop location.

☐ I am handicapped and have special needs related to my participation (List and enclose with registration).

The University of Michigan, as an Equal Opportunity/Affirmative Action employer, complies with applicable federal and state laws prohibiting discrimiation, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. It is the policy of The University of Michigan that no person, on the basis of race, sex, color, religion, national origin or ancestry, age, marital status, handicap, or Vietnam-era veteran status, shall be discriminated against in employment, educational programs and activities, or admissions. Inquiries or complaints may be addressed to the Unversity's Director of Affirmative Action, Title IX and Section 504 Compliance, 5080 Administrative Building, Ann Arbor, Michigan 48109. (313) 763-0235

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS

TRAINING WORKSHOP

EVALUATION FORM

DATE OF WORKSHOP____________________

NAME____________________

AGENCY____________________

AREAS IN WHICH YOU HAVE PRIMARY PROFESSIONAL RESPONSIBILITY

Staff Supervision__________

Client Supervision__________

Curriculum Development__________

Work Adjustment/Counseling__________

Evaluation__________

Training__________

Others (Specify)__________

This workshop was designed to accomplish 5 instructional objectives. (Please circle the number which best reflects your opinion with regard to each objective).

1. The participant will be able to identify key components of a service delivery system which has evolved out of project activities.

Not Accomplished		Accomplished		Accomplished to High Degree
1	2	3	4	5

2. Given a client who has cerebral palsy and associated disabilities, the participant will be able to select from a group of assessment techniques that will most clearly meet the client's needs.

Not Accomplished		Accomplished		Accomplished to High Degree
1	2	3	4	5

3. The learner will be able to identify potential types of training techniques, strategies, technologies which may be of value to a client with cerebral palsy and associated disabilities.

Not Accomplished		Accomplished		Accomplished to High Degree
1	2	3	4	5

4. The learner will become aware of types of adaptive equipment which may enhance the functioning of a cerebral palsied individual.

Not Accomplished		Accomplished		Accomplished to High Degree
1	2	3	4	5

5. The learner will be able to identify those individuals who might be able to benefit from consultation with project staff.

Not Accomplished		Accomplished		Accomplished To High Degree
1	2	3	4	5

6. Do you feel a need for additional information about the topics?

Yes____ No_____

7. Do you feel you have a client or student who would benefit from consultation with project staff?

Yes_____ No____

If yes, briefly identify the clients perceived needs.

VOCATIONAL TECHNOLOGY FOR CEREBRAL PALSIED INDIVIDUALS

TRAINING WORKSHOP FORMAT

OBJECTIVES	CONTENT FOCUS	INSTRUCTIONAL MATERIALS
1. The participant will be able to identify key components of a service delivery system which have developed out of project activities.	History of the project, overview of service delivery system.	Video-tape Hand-outs-Service Delivery Charts.
2. Given a client who has cerebral palsy & associated disabilities, the participant will be able to select from a group of assessment techniques that will most clearly meet the client's needs.	Overview of testing materials & adaptations.	Video-tape Hand-out-testing materials.
3. The learner will be able to identify potential types of training technologies which may be of value to a client with cerebral palsy & associated disabilities.	Discussion of training, job site modifications, & placement strategies.	Video-tape Slide-tape
4. To become aware of adaptive equipment which may enhance the functioning of a cerebral palsied individual.	Overview of technologies, job site modifications.	Video-tape Hand-out - Adaptive Equipment Slide-tape
5. To identify those individuals who might be able to benefit from consultation with project staff.	Identification of needs & possible student/client future consultation.	Evaluation Form

REGIONAL TRAINING WORKSHOP INFORMATION DATA

LOCATION	# OF PARTICIPANTS	OVERALL RATINGS*	#/% REQUESTING FOLLOW-UP	TYPES OF FOLLOW-UP SERVICES**		
				S	C	I
Lansing	24	18	8 (33%)	2	5	1
Detroit	27	17.6	14 (52%)	0	9	5
Grand Rapids	19	18.6	7 (37%)	4	2	1
Traverse City	9	21.6	3 (33%)	0	1	2
Marquette	14	18.6	3 (21%)	0	2	1
TOTALS	93	18.9 (average)	35	6	19	10

* Out of 25 possible points

** Follow-Up Services Key
I - Inservice Training
C - Case Consultation
R - Requested Additional Information

AGENCIES REPRESENTED BY WORKSHOP PARTICIPANTS

Alger-Marquette Community Mental Health
Marquette, Michigan

Arnold Center
Midland, Michigan

Asgard Enterprises
Traverse City, Michigan

Beekman Center Workshop, Inc.
Lansing, Michigan

E.B.I. Breakthru, Inc.
Lake Odessa, Michigan

Center for Independent Living
Detroit, Michigan

Genesee County Community Mental Health
Flint, Michigan

Goodwill Industries
Adrian, Michigan

Goodwill Industries
Detroit, Michigan

Goodwill Industries
Grand Rapids, Michigan

Goodwill Industries
Jackson, Michigan

Grand Traverse Project
Traverse City, Michigan

Huron County Sheltered Workshop
Bad Axe, Michigan

Ileo Project
Lansing, Michigan

Intermediate School District
Marquette, Michigan

Intermediate School District
Traverse City, Michigan

Jewish Vocational Services
Detroit, Michigan

Michigan Protection and Advocacy
Marquette, Michigan

Michigan Rehabilitation Services
Bay City, Michigan

Michigan Rehabilitation Services
Caro, Michigan

Michigan Rehabilitation Services
Detroit, Michigan

Michigan Rehabilitation Services
Flint, Michigan

Michigan Rehabilitation Services
Grand Rapids, Michigan

Michigan Rehabilitation Services
Lansing, Michigan

Michigan Rehabilitation Services
Mt. Clemens, Michigan

Michigan Rehabilitation Services
Mt. Pleasant, Michigan

Michigan Rehabilitation Services
Muskegon, Michigan

Michigan Rehabilitation Services
Oak Park, Michigan

Michigan Rehabilitation Services
Port Huron, Michigan

Michigan Rehabilitation Services
Traverse City, Michigan

Michigan Rehabilitation Services
Warren, Michigan

Montcalm Work Activity
Sidney, Michigan

Northern Opportunities Center, Inc.
Cadillac, Michigan

Oakland County Rehabilitation Center
Pontiac, Michigan

Physically Impaired Association of Michigan
Lansing, Michigan

Pinerest Rehabilitation
Grand Rapids, Michigan

Soo Sheltered Workshop
Sault Sainte Marie, Michigan

State Technical and Rehabilitation Center
Plainwell, Michigan

United Cerebral Palsy Association of Michigan
Flint, Michigan

United Cerebral Palsy Association Tri-County
Lansing, Michigan

Wayne Association for Retarded Citizens
Inkster, Michigan